

## PSYCHD

### **A qualitative exploration of young peoples' experiences of significant relational events in the context of a developing therapeutic relationship**

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**A qualitative exploration of young peoples' experiences of significant relational events  
in the context of a developing therapeutic relationship**

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**A thesis submitted in partial fulfilment of the requirements for the degree of PsychD in  
Counselling Psychology**

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## Abstract

The purpose of this study was to explore young peoples' experiences of the development of the therapeutic relationship. Interview data was collected from eight young people (aged 13-15) receiving either school-based or community-based counselling. Participants were asked to describe the development of the therapeutic relationship, and later to identify significant relational events within it.

Analysis using Constructivist Grounded Theory consisted of two stages. In the first stage, a conceptual map was created to describe the development of the therapeutic relationship. This consisted of three categories: 1. The 'doing' of counselling; 2. 'More myself': Freedom to be authentic; and 3. Developing a 'felt-sense' of a real relationship. These centred around a core category: Defying expectations: Co-constructing a unique relationship.

In the second stage, 10 significant relational events were analysed and categorised into two over-arching domains: Significant Disclosure Events (SDEs), and Significant Insight Events (SIEs). These domains were contextualised within the conceptual map from the first stage of analysis, highlighting different categories within it. This demonstrated how participants attributed different importance to various relational processes in the development of the therapeutic relationship, with SDE accounts emphasising client agency and authenticity, and SIE accounts emphasising counsellor agency and authenticity.

The results suggest that young people value the development of an authentic therapeutic relationship characterised by its difference from other relationships, in which they can interact with their counsellor in different ways. It is suggested that by engaging with young clients' narratives regarding the purpose of the therapeutic relationship, counsellors can gain important insights for developing stronger therapeutic relationships which resonate with clients' different relational styles.

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## **Glossary**

APA - American Psychological Association

CPR - Change Process Research

CAMHS - Children and Adolescent Mental Health Services

CBC- Community-based counselling

CYPMHT- Children and Young People's Mental Health Taskforce

CYP-PRN - Children and Young people Practice-Research Network division of the BACP

ESRC - Economic and Social Research Council

EPR - Event Paradigm Research

GP - General Practitioner

GT - Grounded Theory

IPA - Interpretative Phenomenological Analysis

NHS - National Health Service

PCEPS-YP - Person-centred & Experiential Psychotherapy Scale—Young Person

SBC - School-based counselling

SBHC - School Based Humanistic Counselling

SPM - School Project Manager

SDE - Significant Disclosure Event

SIE - Significant Insight Event

SI - Symbolic interactionism

UPR - Unconditional positive regard

CREST - University of Roehampton Centre for Research in Social and Psychological Transformation



## Chapter 1

### Introduction

The following chapter aims to set the scene for the current research objectives, outlining current school-counselling provision and the increasingly strong emphasis being placed on gathering young clients' counselling experiences in order to improve counselling provision. More specifically, this chapter aims to introduce the importance of understanding how young clients experience the therapeutic relationship, and in particular, how it is perceived to develop over the course of counselling.

#### 1.1 Background

Understanding the mechanisms by which psychotherapeutic intervention helps clients move towards a position of enhanced health and wellbeing remains a priority for researchers and practitioners alike. Of the common factors identified as important in facilitating this change, studies have consistently found the therapeutic relationship to be one of the most prevalent, and have suggested that it is more influential in determining outcome than any specific therapeutic techniques or orientations (e.g., Wampold & Imel, 2015).

The therapeutic relationship in the current research is conceptualised as the interpersonal feelings and attitudes which the therapeutic dyad hold towards each other, and the ways these are expressed between them within the therapeutic space (Norcross, 2010). Whilst it is well-established that the therapeutic relationship has an important role in determining therapeutic outcome (e.g., Martin, Garske & Davis, 2000), less is understood about how this actually *happens* at a process level; how does the therapeutic relationship actually impact on therapeutic outcome? In order to better understand this, it has been suggested that developing our understanding of the process by which the therapeutic relationship develops is important (Fitzpatrick, Janzen, Chamodraka, Gamberg, & Blake,

2009) in terms of how clients understand it to evolve and change over time. There is a growing body of literature exploring adult clients' experiences of change processes in the therapeutic relationship, with a strong emphasis on the stage of alliance formation and early development (Bedi, 2006; Bedi, Davis, & Williams, 2005b; Bedi & Duff, 2014; Fitzpatrick, Janzen, Chamodraka, & Park, 2006; Fitzpatrick et al., 2009), which has been associated most strongly with alliance formation (Horvath & Bedi, 2002). Such studies have used a range of approaches to explore this, such as obtaining accounts across different stages of therapy (Bachelor, 1995), and exploring critical incidents and significant events early in therapy (Fitzpatrick et al., 2006) and over the whole course of therapy (Bedi et al., 2005b). More recently, the critical incidents technique and significant event paradigm have provided a different way of exploring helpful and unhelpful change processes specifically linked to the phenomenon under investigation (e.g., therapeutic alliance formation), increasing practical utility potential (Bedi et al., 2005b).

The therapeutic relationship has been identified as a critical factor determining therapeutic outcome for adolescents as well as adults in therapy (DiGuseppe et al., 1996) and it has been suggested that it is as, if not more important, for adolescent clients (Morris & Nicholson, 1993; Eltz et al., 1995; Hanna & Hunt, 1999) who are much more likely to have been referred to counselling by an adult and to dispute the referral (Shirk, Karver & Brown, 2011). It has been suggested that the strong formation of the therapeutic alliance with young people early in the counselling is not only more important in encouraging therapeutic change (Labouliere, Reyes, Shirk & Karver, 2015), but also for keeping young people collaboratively engaged in treatment (Karver, Handelsman, Fields & Bickman, 2005).

Unfortunately, research exploring young clients' perceptions and experiences of their counselling lags behind its adult counterpart, with the therapeutic relationship (and change-processes within it) being no exception. Over the last decade, there has been an increase in

studies seeking to understand more about the factors which adolescent clients perceive as helpful and unhelpful in their counselling more generally (Davis, 2015). However, it is only more recently that researchers have attempted to understand not only what factors adolescent clients perceive to be helpful in creating change, but also *how* these helpful factors actually lead to change in their counselling (McArthur, Cooper & Berdondini, 2016).

Thus far, change processes have primarily been studied through exploring the process by which helpful factors lead to positive outcomes in young peoples' counselling (e.g., Dunn, Thompson & Leitch 2000; Davis, 2015; McArthur et al., 2016). An aspect of the therapeutic process which currently remains less explored in the adolescent psychotherapeutic literature is the therapeutic relationship itself, and more specifically, how it is experienced to change over time. Although research has consistently identified relational variables as amongst the most important factors determining therapeutic outcome (Shirk & Karver, 2011), and suggested that helpful factors identified in counselling are primarily relational in nature (e.g., Lynass, Pykhtina & Cooper, 2012), less is currently understood about how young clients perceive it to develop and change over time.

## **1.2 Objectives of the Current Research**

The current research aims to explore the processes young people identify in the development of the therapeutic relationship with their counsellor, and consists of three objectives. The first is to build on the small existing body of process-based research literature with young clients in school-based counselling services, marking the first attempt to explore young clients' experiences of the *therapeutic relationship* more specifically and their perceptions of how it develops and changes over time. The second objective was to explore these change processes by incorporating elements of the Significant Events Paradigm [SEP] (Elliott, 1985), to better understand how young clients perceive the therapeutic relationship to develop during salient relational moments or events. It was felt that incorporating elements of

the SEP would allow participants to explore specific salient experiences within the therapeutic relationship, introducing new perspectives, insights and understanding to an under-researched aspect of youth counselling.

The third objective was to explore the possibility of a relational phenomenon—moments of relational depth (Mearns & Cooper, 2005) — in young clients’ experiences of significant relational events. It was acknowledged that the concept of relationally deep moments might not resonate with young clients’ experiences of such events, and so an adapted description of a moment of relational depth was piloted. This served two purposes, the first being to provide participants with a conceptual ‘anchor’ for what a significant relational moment in their counselling relationship might have felt like (based on the findings from the adult psychotherapy literature), with the opportunity to build on the description through a process of conceptual encounter (de Rivera, 1981). The second purpose was to contribute to the current debate regarding the applicability of the concept of relational depth with young people (Pearce & Sewell, 2014) by exploring ‘the possibility of a phenomenon’ (Knox, 2011, p.75) resembling relational depth. It was acknowledged from the outset that this objective might change in line with the data.

The following chapter aims to provide a background and rationale for the current study, contextualising it not only within an existing body of literature but also within the current social and political climate of young peoples’ counselling.

### **1.3 Terms**

Although various dimensions of the therapeutic relationship have been defined and studied separately across the literature (see Karver et al., 2006), the current research does not highlight any particular dimensions of the therapeutic relationship (e.g. therapeutic alliance, client factors, therapist factors, attitudes, relational techniques). Rather, the term ‘therapeutic relationship’ has been used to describe the dynamic and continually developing relationship

between the young client and their counsellor in the counselling space, encompassing both the interpersonal and intrapersonal affective components of being in a relationship.

The term ‘Significant relational events’ draws on terminology used in Significant Event research (Elliott, 1985), specifying the *relational aspects of the counselling interaction* as the domain of interest from which participants are invited to identify significant events.

The current review draws upon research from the child and adolescent literature as well as adult psychotherapeutic literature. In order to mark this distinction, references to psychological interventions for young people will be collectively referred to as ‘counselling’, based on the finding that interventions prefixed with ‘psycho-’ are considered more stigmatising and less friendly than ‘counselling’ (Family Kids and Youth, 2012). Psychological interventions relating to adults will be referred to as ‘therapy’ or ‘psychotherapy’, unless a particular therapeutic approach (e.g., psychoanalysis) is specified.

The term ‘adolescent’ was considered but ultimately rejected, on the basis that it inherently connotes a clinically defined developmental stage. The term ‘young person’ or ‘young client’ was considered more appropriate for describing the research participants who were aged 13-15.

#### **1.4 Personal Background**

My personal interest in this research area stems from my own experiences working as a trainee counselling psychologist in a school-based counselling service in north London over the last five years. When I started my training I knew that I wanted to work in a therapeutic capacity with young people, something I believe developed from my own struggle with anxiety during adolescence. What is poignant to me, fifteen years on, is how unequipped my well-intentioned teachers and I were in terms of having the language to talk about and process what I was experiencing. This inability to take hold of and acknowledge my painful experiences only served to deepen my sense of isolation and despair. Although I am now

much better placed to consider these experiences from a position of curiosity and compassion, I cannot help but wonder what impact processing them at the time would have had on my subsequent development and wellbeing.

I believe that working to understand and accept my own anxiety has led me to pursuing a career as a counselling psychologist, and more specifically, towards working with young people in a therapeutic capacity. I am a passionate advocate of early intervention in supporting children and young people to open multiple avenues of opportunity and improve their quality of life. From a therapeutic perspective, I am interested in the healing potential of the therapeutic relationship and more specifically, in how the therapeutic relationship ‘happens’; what components make up a meaningful relationship, which goes on to be healing? What moments are most significant in moving this relationship from one state to another? By aiming to understand more about the processes by which young people experience the therapeutic relationship to develop over time, the current study aims to merge the two worlds of child and adolescent psychotherapy with change process research.

My interest in the phenomenon of relational depth, and more specifically, moments of relational depth with young people, first developed from my own experiences working with a thirteen year old boy who had been raised in a deeply religious family<sup>1</sup>. During a session when we were exploring his feelings towards his religion, he was able to disclose something that he said he had never before felt able to speak about. While he spoke, I experienced a strong sense of connection and closeness unlike any I had experienced in the counselling arena up until that point. The moment felt full of meaning and was characterised by a deep sense of trust and mutual respect, and a combination of vulnerability but also power as we both stepped tentatively into new and unexplored territories. I remember feeling extremely grounded and very present in the space with my client. Since this initial salient experience, I

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<sup>1</sup> Details of this story have been changed to protect client confidentiality

have encountered similar moments both as a therapist but also as a client in my own personal therapy and in supervision. In each of these instances, I have emerged feeling enriched and “full”, but also grounded and focused. I consider such moments as a testament to the strength of the therapeutic relationship, and its capacity to both enrich and heal.

### **1.5 Social and Political Context**

According to a recent report by the Children and Young People’s Mental Health Taskforce [CYPMHT] (2015), around one in ten children in the UK experience a diagnosable mental health problem requiring support or treatment. It has been suggested that many mental health problems experienced by adults originate in adolescence (Hunt & Eisenberg, 2010; Jones, 2013), and that 50% of all mental health problems diagnosed in adulthood are established by the age of 14 (Mental Health Taskforce to the NHS, 2016), a figure which rises to 75% by the age of 18 (CYPMHT, 2015).

Against this backdrop, early intervention in the maintenance of good mental health and the alleviation of psychological symptoms in childhood has become increasingly desirable from a moral, social and financial perspective. By encouraging children and young people to develop resilience and enhance their psychological insight from an earlier age, it is hoped that those who would go on to develop long-term mental health problems in later life can reduce the likelihood or severity of these problems developing (CYPMHT, 2015), thus improving their personal wellbeing and development in terms of education and employment (Knapp et al., 2016), as well as the wellbeing of their family and wider community.

Financially, an analysis commissioned by NHS England estimated the economic and social cost of mental health to the economy to stand at £105billion a year (Mental Health Taskforce to the NHS, 2016). It found that the national budget provided for mental health services in 2013-14 was £34billion, of which only £19billion was provided by the government. This

disparity serves to demonstrate the importance of reducing costs of treatment and ongoing care in the long term (Hagell & Maughan, 2017) by way of cutting costs to the National Health Service (NHS) as well as increasing employment rates (Knapp et al., 2016). Given the personal, societal and financial benefits of early intervention, there is a strong argument and a clear consensus for change in the provision of mental health services available to children and young people across the system. This drive towards change is indicated by a recent government pledge to allocate the amount of £1.25 billion towards improving children and young people's mental health and wellbeing by the year 2020 (NHS England, 2015), in an attempt to close the widening 'treatment gap' between young people who need support and those able to access it.

### **1.6 Current provision: School-based Counselling**

In recent years, there has been a growing emphasis on attending to the rising behavioural, social and emotional difficulties amongst secondary-school aged students in England (Department for Education, 2016). Despite escalating numbers of children and young people experiencing diagnosable mental health problems, the NHS reduced spending for Children and Adolescent Mental Health Services (CAMHS) by £60 million between 2009- 2013 (CYPMHT, 2015), placing a considerable strain on CAMHS to deliver effective services amidst escalating waiting lists. Against this backdrop, schools have emerged as a 'vital area of mental health promotion' (Weare & Markham, 2005, p.122), providing early intervention for young people (Cromarty & Richards, 2009) who might otherwise not meet the threshold for accessing psychological support (Cooper, 2013a, O'Brien et al., 2015). In terms of provision, school-based counselling has come to be considered 'a viable means of offering immediate support to a large number of young people who may otherwise not gain access to specialist mental health services' (Davis, 2015, p.7), and constitutes the main source of mental health support for some young people (Adelman & Taylor, 2009).



The terms 'school counselling' or 'school-based counselling' (SBC) have traditionally been used to refer to all helping activities in school, delivered by a range of professionals, pastoral staff, and teaching staff (Cooper, 2013a). The current piece of work will draw upon the BACP description of school-based counselling: 'A professional activity delivered by qualified practitioners in schools. Counsellors offer troubled and/or distressed children and young people an opportunity to talk about their difficulties, within a relationship of agreed confidentiality' (BACP, 2015, p.1).

The potential scope of schools in addressing mental health with children and young people is wide (Weare, 2000; Weare & Markham, 2005). Whilst success in school has traditionally been measured individualistically in terms of a child's academic attainment and subsequent career progression (Weare & Markham, 2005), more recently this has been expanded to encompass a more holistic understanding of success, which emphasises good physical and mental health, positive relationships, and positive engagement in and contribution to the wider community (Sodha & Margo, 2008; Weare & Markham, 2005). As part of this more holistic, 'whole school' approach to wellbeing, the last twenty years have seen the resurgence of school-based counselling provision across the UK (Polat & Jenkins, 2005; Cooper, 2013a) following a substantial dip in the 1980s and 1990s. Reports by young people, pastoral care staff, and other associated professionals indicate that SBC is considered an important, accessible, non-stigmatising and rapidly responsive supplement to CAMHS, (Cooper et al., 2010), with waiting times averaging one week (Hill et al., 2011) compared to the average 2-6 month wait for CAMHS (Frith, 2016). A recent report has suggested that between 70,000-90,000 episodes (or cases) of counselling are delivered in schools across the UK annually, and that every year school counselling services see similar numbers of young people to CAMHS (Cooper, 2013a).

Research has consistently suggested that young peoples' experiences of counselling are generally positive, both in school-based services (Cooper, 2004; 2006; 2009; 2013a; Bondi, Forbat, Gallagher, Plows & Prior, 2006; Griffiths, 2013; Street, 2014) and community-based services (Bondi et al., 2006; Street, 2014). Client evaluations through qualitative interviews (Lynass et al., 2012) and self-report measures have shown counselling to be a helpful experience, with young people consistently rating it as 'helpful' or 'very helpful', and as helping them 'quite a lot' or 'a lot' (Cooper, 2004; Cooper, 2009).

At present, post-primary school counselling provision is available universally across Northern Ireland, and is a statutory obligation in all secondary schools in Wales. Despite recent findings that the treatment gap in England is currently the widest for adolescents (Knapp et al., 2016), there is currently no legislation which statutorily obliges English secondary schools to provide counselling provision. In light of this disparity, the question of whether to make SBC a universal provision in England is gaining political prominence (McArthur et al., 2016). A recent report by the Department for Education (2016) outlines their 'strong expectation that, over time, all schools should make counselling services available to their pupils' (p.11), but suggests that this should be implemented at the discretion of the school. This has been contested by calls by the children's commissioner for England and the BACP (2015) to make school-based counselling provision a legal requirement across English secondary schools (Sodha & Margo, 2008) something which would help counter the current regional variations in counselling provision across England (Cooper, 2013a) by providing national access to SBC.

Changing attitudes towards mental health and the accompanying call for effective intervention requires the continual generation and evaluation of relevant research data to reflect the quality and effectiveness of both new and existing psychological provision. Relating specifically to school-based counselling, the significant contribution research can

have is well demonstrated by the Economic and Social Research Council's (ESRC) recent decision to award £835,000 of funding towards the ETHOS trial, a three-year project started in 2016 which aims to compare the provision of professional humanistic counselling to existing pastoral provision in schools. Research which contributes to improving the quality of counselling provision for young people not only fulfils an ethical drive to improve therapeutic provision, but also contributes towards building an evidence-base for young peoples' counselling which can influence policy on a larger scale (Children and Young People Practice Research Network [CYP-PRN], 2013).

## Chapter 2

### Literature Review

#### 2.1 Aim and Scope

This chapter aims to provide a research context for the current project, by positioning it in relation to existing literature. In line with the research objectives, the review is presented in five sections.

- An exploration of the literature relating specifically to the importance of the therapeutic relationship, and its role in predicting treatment outcome for adults and young people.
- An overview of helpful and unhelpful factors research with young people, as constituting the first ‘step’ towards change process research.
- A summary of the change process literature relating to the therapeutic relationship, introducing the Event Paradigm Research, and within it the Significant Event Paradigm (Elliott, 1985)
- An exploration of how moments in the therapeutic *relationship* specifically have been conceptualised, with a particular emphasis on the concept of relational depth (Mearns & Cooper, 2005)
- The development of a research rationale for the current research based on existing gaps in the literature.

**2.1.1 Systematic literature review.** In order to provide a comprehensive review of the existing literature relating to young clients’ experiences of the therapeutic relationship, the component issues for the literature search were identified as per the three research objectives. Primary keywords or phrases (and their synonyms) were identified, yielding the following search terms: ‘school-based counselling’, ‘young people’, ‘adolescents’, ‘adolescence’,

‘therapeutic relationship’, ‘relational factors’, ‘common factors’, ‘therapy’, ‘counselling’, ‘moments in therapy’, ‘change process’, ‘helpful factors’, ‘significant moments’, ‘significant events’, ‘important moments’, ‘important events’, ‘pivotal moments’, ‘relational depth’.

A systematic search of the literature was conducted electronically through the Web of Science database, under the general categories of Arts and Humanities, and Social Sciences. Boolean operators ‘AND’ and ‘OR’ were utilised to combine terms (e.g., young people OR adolescents; therapeutic relationship AND school-based counselling’), thus narrowing or broadening the literature search to allow a systematic search across databases. The search was repeated on ProQuest (Social Sciences database), Google scholar, the university of Roehampton library catalogue search engine, and EThOS— an e-thesis database for published and unpublished doctoral theses.

Over the course of the literature search and research process, additional terms including ‘community-based counselling’, ‘moments of contact’ and ‘moments of meeting’ were added to expand the search in line with terminology that emerged across the literature, and the evolving research objectives. Though this search generated hundreds of research studies, literature reviews, meta-analyses and research articles, given the scope of the current research project it was necessary to select only the most relevant literature for inclusion. Literature was filtered on the basis of its relevance to the research topic, date of publication and any perceived methodological flaws, though some studies which were considered to make an important contribution to knowledge despite methodological shortcomings or date of publication were included. Perceived relevance to the research topic changed in line with the research process, meaning that literature which was previously included or dismissed was updated in line with the changing research questions.

## 2.2 The Therapeutic Relationship

Psychotherapy has long emphasised the important role that interpersonal relationships and social networks have in our ability to develop and function in the world. Strupp's (1973) description of the therapeutic relationship as 'an exceedingly powerful matrix within which a variety of influencing techniques become potentiated' (p.14) corresponds with the now widely accepted finding that the therapeutic relationship is one of the most—if not *the* most—important factor in predicting therapeutic outcome. Over time, different components of the therapeutic relationship have been studied separately (Midgley, Hayes & Cooper, 2017), the most prominent of these being the therapeutic alliance.

Different therapeutic modalities have proposed a variety of explanations to describe the mechanisms by which the therapeutic relationship influences the therapeutic process, which have gone on to influence the way therapy is practiced. For example, the psychoanalytic model considers the therapeutic relationship to reflect something of the patient's relational patterns with significant objects in their life, and requires the analyst to immerse themselves in the transference in order to feel what the patient needs or wants them to feel (Joseph, 1985). The person-centred model (Rogers, 1951;1957) emphasizes the healing potential of the therapeutic relationship, outlining three core conditions 'which are both necessary and sufficient to bring about constructive personality change' (1957, p.827). Across both examples, the therapeutic relationship is placed as central to the therapeutic endeavour, and the therapists' ability to engage at a relational level is depicted as the primary 'tool' at their disposal.

**2.2.1 Common factors.** Questions surrounding the real-world applicability of empirically supported treatments (Goldfried & Wolfe, 1996; Lonigan, Elbert & Johnson, 1998) have centred around the failure to acknowledge what has been referred to as the

common factors approach (Frank & Frank, 1991; Wampold, 2000), which emphasises the importance of the ‘active ingredients’ (Hayes, 2017, p.120) of psychotherapeutic engagement that are common across different therapeutic orientations, as opposed to specific techniques.

As part of a rigorous review into common factors (Norcross & Wampold, 2011), the American Psychological Association (APA) Task Force on Empirically Supported Therapy Relationships explored the effects of the therapeutic relationship on the therapeutic outcome with adults, and concluded that it was a common factor which made ‘substantial and consistent contributions to psychotherapy outcome *independent of the specific type of treatment*’ (Norcross & Wampold, 2011, p.98, emphasis added). Over the last twenty years, the therapeutic relationship has come to be considered one of the most important elements of psychotherapeutic engagement for both adults and young people (Marziali & Alexander, 1991; Shirk & Saiz, 1992; Liddle, 1995; Bolton Oetzel & Scherer, 2003).

Research findings with adult clients repeatedly suggest that client experiences of the therapeutic alliance are better predictors of positive outcome than therapists’ reports (Horvath & Symonds, 1991; Horvath & Luborksy, 1993; Horvath, Del Re, Flückiger, & Symonds, 2011), with therapists’ experiences of the alliance at best only moderately corresponding to clients’ reported experiences (Tryon, Blackwell, & Hammel, 2007). This suggests that asking clients directly about their experiences of the therapeutic alliance is particularly important for forming a more complete picture of the therapeutic relationship, which better informs the way therapists engage with clients to build stronger therapeutic relationships (Levitt, Butler, & Hill, 2006; Gibson & Cartwright, 2014). A weaker therapeutic relationship has been associated with higher rates of unilateral termination (Samstag, Batchelder, Muran, Safran, & Winston, 1998; Tryon & Kane, 1993; 1995), while a stronger therapeutic alliance is predictive of the continuation of therapy and a subsequent positive outcome (Norcross &

Wampold, 2011), indicating the importance of the therapeutic relationship in keeping clients engaged in therapy long enough to experience its potential benefits.

Research has started to provide a fuller picture of how clients experience the therapeutic alliance (e.g., Beck, Friedlander & Escudero, 2006), how they perceive the formation of the alliance (Bedi, Davis & Arvay, 2005a; Bedi, Davis & Williams, 2005b; Bedi, 2006; Fitzpatrick et al., 2006; Bedi & Duff, 2009; 2014; Duff & Bedi, 2010) and how their perceptions differ from therapists' (Bachelor, 1995; Mohr & Woodhouse, 2001; Hartmann, Joos, Orlinsky & Zeeck, 2015). The discovery of new, 'deceptively simple' variables (Bedi et al., 2005b, p.317) which clients relate to alliance formation, such as the therapist greeting the client with a smile, making encouraging statements, and making positive comments about the client, accounted for 62% of the variance in how clients rated the alliance (Duff & Bedi, 2010), and have contributed important new knowledge to the field. This disparity between clients' and therapists' perceptions of the therapeutic alliance further reiterates the argument that one size does not fit all, and emphasizes the importance of not assuming that what is relevant for one group is relevant for another.

### ***2.2.2 Therapeutic relationship and outcome research with young people.***

Unfortunately, one of the greatest limitations of the APA Task Force was the omission of research relating to youth counselling, something which has more recently been systematically addressed in the literature (Karver et al., 2006). Past literature on youth counselling tended to focus on empirically supported treatment models, emphasising therapeutic technique over common process factors (Karver et al., 2005) in what Shirk and Karver (2011) have called the 'absence of a 'Dodo bird verdict' (p.70) in youth counselling. A meta-analysis (Shirk et al., 2011) was conducted in an attempt to understand more about the overall strength of the association between therapeutic relationship variables and therapeutic outcome in youth counselling, and found a small to moderate association between



relationship variables and therapeutic outcome despite the variations in substantive and methodological factors. This was comparable to results from adult meta-analyses (e.g., Horvath & Symonds, 1991; Martin et al., 2000) and a previous meta-analysis with young people (Shirk & Karver, 2003), lending further support to the idea that ‘the role of the therapeutic relationship is reasonably robust and consistent’ (Shirk & Karver, 2003, p.461). Expanding on Shirk & Karver’s (2003) original work, a meta-analysis by Karver et al. (2006) included a wider range of relationship variables, and reported the process-to-outcome results for each of these specific variables rather than the overall effect size across the variables. Consistent with the adult literature (e.g., Martin et al., 2000), correlations for the variable ‘therapeutic alliance with the youth client’ had a small to moderate weighted mean effect size of 0.21.

More specifically, Karver et al. (2006) reported that counsellor interpersonal skills such as empathy and genuineness predicted positive therapeutic outcome, lending support to the person-centred model which proposes three core conditions that are both necessary and sufficient for personality change: empathy, congruence and unconditional positive regard (UPR). However, it must be noted that a number of the studies included in this meta-analysis utilised quantitative scales to measure the importance of pre-defined interpersonal variables, rather than asking participants to identify these variables independently. Qualitative research inviting young people to identify important factors in the therapeutic relationship has also lent support to the person-centred model, identifying counsellor qualities resembling empathy, unconditional acceptance (Everall & Paulson, 2002; Thompson, Bender, Lantry, & Flynn, 2007) and authenticity (Thompson et al., 2007) as important in contributing towards positive outcome.

**2.2.3 *The therapeutic relationship across therapeutic orientations.*** Due to the lack of research investigating processes young clients perceive contribute towards the

development of the therapeutic relationship, reflecting on how different therapeutic orientations conceptualise its development and understand its role in the change process seems an appropriate first step. Whilst it is not in the scope of this review to provide an in-depth exploration of all the therapeutic orientations practiced with young clients, identifying those relational therapies most commonly used by school-based counsellors seems most appropriate. A meta-analysis by Cooper (2009) suggests that school counsellors in the UK tend to offer person-centred counselling, or integrative counselling including humanistic and psychodynamic elements that are ‘based around a person-centred core’ (p.139). Where integrative approaches are reported, they tend to centre around a person-centred approach which draws on cognitive-behavioural and psychodynamic techniques (Cooper, 2013a).

*2.2.3.1 Person-centred model.* The person-centred model provides the clearest delineation of the factors involved in the development of a strong therapeutic relationship, which is perhaps to be expected given the importance it is afforded in determining positive therapeutic outcome. Indeed, the person-centred approach views the therapeutic relationship as where therapy starts and ends, describing it as the ‘vehicle for growth and change’ (Barrett-Lennard, 1998, p.10), through which therapeutic personality change is possible (Rogers, 1957). Rogers’s assertion that ‘it is the client who knows what hurts, what directions to go’ (1961, p.11), and that all individuals have a ‘directional tendency towards wholeness’ (Rogers, 1977, p.240) serves to emphasise the fundamental humanistic position that it is the client, rather than the therapist, that is expert of their own experiences.

Rogers identified empathy, congruence, and UPR as the three core conditions that a therapist must provide in order to support a client towards a state of congruence which will alleviate their psychological distress (Gillon, 2007). Given that therapist interpersonal skills are an important factor in determining positive therapeutic outcome, the prominence of person-centred relational counselling across school-based (Cooper, 2013a) and community-

based counselling is unsurprising (Street, Allan & Barker, 2008; personal correspondence Barbara Rayment, 22/03/17).

More recently, there has been an increase in helpful factors research with young people receiving humanistic counselling (e.g., Lynass et al., 2012; McArthur et al., 2016), which is described as ‘a standardised form of the person-centred/humanistic approach that is widely used in UK secondary schools (Cooper, 2009; Hill et al., 2011) [and is] grounded in evidence-based competences for effective humanistic counselling’ (Roth, Hill & Pilling, 2009). These studies provide us with some insight into whether young clients receiving this form of counselling self-identify the core conditions with their counsellor (e.g., a counsellor who is non-judgemental can be seen as offering UPR). However, less is currently understood about how the counsellor communicates the core conditions, perhaps stemming from a historical lack of consensus regarding what humanistic counselling constitutes (Hayes & Brunst, 2017). Cooper (2013a) suggests that across school-based settings, humanistic counselling provision typically varies along a spectrum ranging from person-centred to integrative-humanistic. Across this spectrum, humanistic counselling is at its core a *relational* intervention which uses the therapeutic relationship (described in the current study as the interpersonal feelings and attitudes which the therapeutic dyad hold towards each other and the ways these are expressed between them within the therapeutic space (Norcross, 2010) as a vehicle for growth and change. A more recent attempt to operationalise humanistic counselling and create a more standardised school-based humanistic counselling practice comes from the ETHOS trial, initiated in 2016 to evaluate the effectiveness and cost-effectiveness of school-based humanistic counselling. As part of this evaluation, the Person-centred & Experiential Psychotherapy Scale—Young Person (PCEPS-YP) was designed to monitor that counsellors’ practice is in line with humanistic competences and standards of best practice. The scale is based on the key humanistic competencies identified in the

Competences for humanistic counselling with young people (11-18 years) developed by Hill, Roth and Cooper (2013)<sup>2</sup>. While the scale is primarily a tool for monitoring counsellors' behaviour within the therapeutic relationship and measuring their level of skill in regards to different key aspects of this relationship, it is also intended to act as a guide for good practice, helping counsellors to enhance their humanistic practice in line with evidence of the most effective humanistic principles.

*2.2.3.2 Psychodynamic model.* The psychodynamic approach is based on psychoanalytic theories of an unconscious mind which retains difficult experiences originating in infancy and childhood. Stemming from relational psychoanalysis (e.g., Mitchell, 1988; 2000), psychodynamic approaches typically use specific relational techniques such as interpretation, transference interpretation and dream interpretation (Hayes & Brunst, 2017) as a way of accessing the unconscious mind, placing the relationship with the therapist as central in providing a space for processes of transference, counter-transference and enactment to unfold. Interpretation involves the therapist going beyond what their patient consciously says, in order to introduce new possibilities based on their own theoretical and felt interpretation of the transferential processes occurring within the therapeutic relationship. It has been acknowledged that interpretation is not always appropriate (Klein, 1995), something which has been discussed in the context of play therapy with children (e.g., Axline, 1947; Vinturella & James, 1987; O'Connor, 2002). Given the already pronounced power imbalance within child-adult therapeutic dyads, it has been suggested that using interpretation techniques to go beyond what young clients say serves to further exacerbate power differentials, placing the practitioner in an overly directive position (O'Connor, 2002). However, the finding that young people find advice and guidance from the counsellor helpful (e.g., Cooper, 2004; Lynass et al., 2012) suggests that some young clients might find the

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<sup>2</sup> Appendix 18

counsellor going beyond what they say to make sense of their experiences in a new way beneficial.

Recent research exploring the use and impact of transference interpretations with young people showed that these were quite rare, sometimes confusing for clients, and tended to focus on themes relating to displacement and separation (Della Rosa, 2016). The extent to which counsellors use the psychodynamic model in their practice with young clients is unclear from the research, and it is interesting that in helpful factors studies, psychodynamic practices (such as interpretation, or creative work) are rarely identified by young clients (Davis, 2015). This could relate to the range of expectations young people have about counselling (Gibson & Cartwright, 2014), which perhaps means they do not identify psychodynamic techniques as helpful in line with their particular goals (e.g., a young person who is not motivated to explore the underlying issues of their presenting problems). This once again emphasises the importance of working collaboratively with young people and evaluating the suitability of psychodynamic psychotherapy (Delgado, 2008).

*2.2.3.3 Cognitive-behavioural Therapy.* The central tenet underlying cognitive-behavioural therapy (CBT) and its associated approaches is that an individual's interpretations of what they perceive in the world impacts their affective and behavioural reactions to it. Beck (1976) suggested that it is the negative interpretation of an event, rather than the event itself, that is associated with the emergence of psychological distress. By bringing a client's attention to the ways in which they negatively attribute meaning, a therapist can work with them to develop healthier alternative appraisals which can hopefully contribute towards reducing psychological distress.

Seligman and Ollendick (2012) suggest that whilst CBT does emphasise the importance of the therapeutic relationship in determining therapeutic outcome (by improving collaboration and compliance), it differs from the humanistic model in that it places

*therapeutic technique*, rather than the therapeutic relationship, as the *mechanism* by which therapeutic change occurs. This has contributed to the characterisation of the therapeutic relationship as a ‘mere container’ from which therapeutic work using CBT is possible (Sanders & Wills, 1999), a view which has been contested by Leahy (2008), who has outlined dimensions in the therapeutic relationship which can be effectively worked through using a CBT approach.

CBT is most commonly used as part of an integrative approach for working with young people (Cooper, 2013a; Westergaard, 2013), typically introducing practical tasks and psychoeducation as a supplement to the relational underpinnings of the therapeutic work, and in this way more explicitly drawing on the counsellor’s expertise to ‘go beyond’ what young clients say. A recent meta-analysis of 81 studies (Werner-Seidler, Perry, Cascar, Newby, & Christensen, 2017) found that school-based CBT prevention programs were associated with a small reduction in anxiety and depression for young people ranging between 7-20 years of age. A limitation of this meta-analysis was that studies commonly focused on baseline and post-therapy symptom scores, rather than young clients’ subjective reports of what was helpful, meaning it is difficult to establish whether it was the CBT techniques, or common factors (e.g., client-factors, the therapeutic relationship), which contributed towards positive post-therapy outcomes. However, the finding that young clients identify the provision of advice and therapeutic strategies as beneficial (Cooper, 2004; Lynass et al., 2012) suggests CBT techniques are perceived as helpful, a result which somewhat contradicts the finding that specific advice can be perceived as a threat to the young client’s developing autonomy from adults (Davies, 2015). Cooper (2004) proposes that there is a difference between advice which is delivered as a suggestion, rather than an instruction, with the former being preferable to the latter. This is supported by Davies (2015) who found that advice in the

context of a collaborative relationship was beneficial to young clients, lending support to the integration of CBT techniques within a primarily relationally-based counselling approach.

### **2.3 Helpful and unhelpful factors research with young people**

In line with recent BACP guidelines (McMahon & Palmer, 2014), understanding what young people find helpful and unhelpful about their counselling has become increasingly important in developing our understanding of the effectiveness and impact of SBC and improving provision of counselling, and has contributed towards an increasingly common factors-orientated approach to working with young people (e.g., Lynass et al., 2012; McArthur et al., 2016) which emphasises *relational factors* over therapeutic techniques.

Across studies, helpful factors that young people have identified include being able to talk to somebody who listens and understands (Dunne et al., 2000; Cooper, 2004; Cooper, 2009; Hill et al., 2011; McKenzie, Murray, Prior, & Stark, 2011; Lynass et al., 2012, Griffiths, 2013; Street, 2014; McArthur et al., 2016), the counsellor's personal qualities (Cooper, 2004; Bondi et al., 2006; Lynass et al., 2012; McArthur et al., 2016), getting things 'off their chest' (Dunne et al., 2000; Griffiths, 2013; McArthur et al., 2016), creative expression (Paulson & Everall, 2003) feeling accepted (Griffiths, 2013), experiencing the counsellor as non-judgemental (McKenzie et al., 2011; Lynass et al., 2012) receiving good advice or strategies (Cooper, 2004; Lynass et al., 2012; Bondi et al., 2006; Griffiths, 2013; Street, 2014; Davies, 2015), enhancing self-understanding (Paulson & Everall, 2003), and the confidentiality of the counselling service (Cooper, 2004; Cooper, 2009; Fox & Butler, 2009; Hill et al., 2011; Lynass et al., 2012; Griffiths, 2013; Street, 2014; McArthur et al., 2016). Although it is striking that these helpful factors were largely relational in nature, it must be noted that this was perhaps to be expected given that the therapeutic interventions offered were largely relational. Nonetheless, this does not negate that participants perceived the

relational components of their counselling as helpful ‘sites’ for positive therapeutic change to occur.

Helmeke & Sprenkle (2000) differentiate between research which explores the sites of change (such as helpful factors research), and research which addresses specific *types of change and how they emerge* (such as change process research). Intuitively, the former is a necessary precursor to change process research, as it identifies and locates the domains of change that can then be explored at a process level. Whilst exploring the sites of change through helpful factors research has demonstrated the efficacy of psychological interventions and thus contributed towards ‘legitimising’ the provision of psychological therapies, such research is limited in its ability to provide any insight into the therapeutic process by which participants *progress* from a state of heightened distress to a point of reduced distress over the course of their treatment. Dunne et al. (2000) have suggested that change process research has the potential to improve therapeutic effectiveness and outcome by providing insight into the interventions that are more or less useful at different developmental stages. Furthermore, in terms of utility it has been found that change process research is more likely to attract practitioners by providing insight into something which is directly relevant to clinical practice (Morrow-Bradley & Elliott, 1986). In this sense, process research can be considered the ‘next step’ for psychotherapeutic research.

## **2.4 Change Process Research**

Change process research (CPR) is a branch of research which aims to ‘identify, describe, explain, and predict the effects of the processes that bring about therapeutic change over the entire course of therapy’ (Greenberg, 1986, p.4). According to Elliott (2010), CPR is a ‘necessary complement’ (p.123) to causal research designs which aim to understand how therapeutic variables influence therapeutic outcome, as it provides insight into the nature of the connection between cause and effect, and aims to generate a plausible pathway between



therapeutic intervention and client change. Greenberg (1986) described two types of CPR: the microanalysis of in-session exchanges within the therapeutic dyad, and task analysis of significant events in therapy. More recently, the ‘helpful factors design’ (Elliott, 2010, p.124) which asks participants to identify helpful sites of change which can be further explored within the context of the changing therapeutic endeavour, has become incorporated into the field of CPR, contributing towards developing our understanding of the therapeutic change process from the perspective of adults (Levitt et al., 2006) and young people (e.g., McArthur et al., 2016).

Unfortunately, there is only a relatively small amount of current research exploring the change processes within the *therapeutic relationship more specifically* for both adult clients (e.g., Horvath & Symonds, 1991) and child and adolescent clients (Davis, 2015). In a study exploring adult clients’ perceptions of the mechanisms by which the therapeutic relationship contributed to therapeutic change, Thompson (2003) found that participants’ openness to change influenced their willingness to form a relationship with their therapist, suggesting that the change process *within the therapeutic relationship* was to some extent the clients’ choice and responsibility. Every participant in the study described the development of the therapeutic relationship as an essential component in allowing change to occur, something Thompson (2003) parallels with Bowlby’s (1988) conceptualisation of a ‘secure base’ from which an infant feels able to securely explore the world around them. What is striking from Thompson’s data is that clients identified the *evolution of the therapeutic relationship* as the main vessel allowing therapeutic change to occur. The most important factors in how the therapeutic relationship influenced clients’ ability to change were represented by five sub-themes: feeling cared for, feeling empowered, feeling safe/secure, willingness to divulge, and willingness to take risks. While Thompson’s study provides important insights into the process by which clients perceived the therapeutic relationship to change over the course of

therapy, its focus was more specifically on the effects of this changing therapeutic relationship on therapeutic outcome. In the adult literature, there is currently a growing body of literature exploring change processes *within the therapeutic relationship more specifically*, using Significant Event research to contextualise significant relational events within the therapeutic relationship. The following section will explore how Significant Events research has been used with adult samples to develop our current understanding of change processes within therapy and more specifically, within the therapeutic relationship.

**2.4.1 Contextualising helpful factors: significant events paradigm.** It has been suggested that investigating meaningful or helpful therapeutic events is important in developing our understanding of therapeutic change and developing theory that is grounded in the phenomenon of interest (Warwar & Greenberg, 2000). Elliott developed Significant Events Research based on the idea that ‘whatever change processes operate within therapy are likely to appear in “purer” form during significant therapy events’ (Elliott, 1989, p.165-166). SER forms part of a broader ‘Events Paradigm Research’ (EPR) field of enquiry (Rice & Greenberg, 1984), which conceptualises moments as sequences of events encompassing multiple experiences that have meaning when subjectively brought together. Whilst EPR bears some similarities to helpful and unhelpful factors research (Paulson, Everall, & Stuart, 2001; Paulson & Worth, 2002), it differs in that it specifically conceptualises self-identified factors within the context of a particular event. SER draws some parallels with de Rivera’s (1981) method of conceptual encounter, which asks participants (or ‘research partners’) to identify a concrete moment or event which pertains to the phenomenon being studied, and in this way to co-construct the phenomenon together with the researcher.

SER is based on the idea that there are ‘specific poignant moments in therapy which represent a certain escalating development where therapeutic progress appears more visible’ (Oliveira, Sousa & Pires, 2012, p.288), and that contextualising resonant events within the

therapeutic process provides an opportunity to better understand the process by which these events ‘come to life’ and contribute towards creating change. It has been suggested that SER is particularly suited for exploring relational change processes, because significant events represent those particular moments within the therapeutic process in which common factors co-occur (Elliott & Shapiro, 1992; Timulak, 2007), emphasising the highly interpersonal and relational nature of these resonant moments. This is supported by the results of a meta-analysis of Significant Events research (Timulak, 2010), which found that client-identified helpful factors tended to describe events which contributed to the therapeutic relationship (e.g., ‘feeling understood’) or in-session outcome (e.g., ‘relief’).

Different data collection methods for SER have ranged from post-session microanalyses of recorded and transcribed sessions (e.g., Timulak, Belicova, & Miler, 2003; Timulak & Lietaer, 2001), to qualitative interviews post-therapy which ask participants to identify any positive or negative significant events across their entire therapy experience (e.g., Levitt et al., 2006). Across the literature, ‘significant events’ (also referred to as ‘pivotal moments’ or ‘critical moments’) have been explored across a range of domains, including: moments of resolved and unresolved misunderstanding (Rhodes, Hill, Thompson, & Elliott, 1994), insight events (Elliott et al., 1994), problematic reaction points (Watson & Rennie, 1994), helpful events (Paulson, Truscott, & Stuart, 1999; Timulak & Lietaer, 2001; Timulak, Belicova, & Miler, 2003; Levitt et al., 2006), therapeutic alliance (e.g., Bedi et al., 2005b) and helpful therapist interventions (Elliott, James, Reimschuessel, Cislo & Sack, 1985). In each of these studies, the researchers have— to various extents—delineated the type of significant event under investigation, thus requiring participants to focus on that particular area of their therapeutic experience (e.g., their therapist’s interventions). The current research draws on the significant event paradigm to attempt to further our understanding of how young people conceptualise the *therapeutic relationship* to change during events that have been

identified as relationally significant. The next section will review the small body of existing addressing this in relation to adult clients.

**2.4.2 Significant events and the therapeutic relationship.** A search of the literature yielded only a handful of studies relating specifically to adult clients' experiences of significant events within the *therapeutic relationship* (hereby referred to as significant *relational* events research), in the field of psychiatric nursing. Welch (2005) interviewed 6 psychiatric nurses to see whether they could identify pivotal moments within the context of the therapeutic relationship, and if so, what their experiences of these pivotal moments were. Pivotal moments were characterised by feelings of empathy, congruence, trust, a sharing of power, and a sharing of themselves. These moments were experienced as unique and full of meaning. Whilst these results provide interesting insights into healthcare practitioners' experiences of pivotal moments and associated changes in the therapeutic relationship, they do not provide any indication of whether and how pivotal moments in the therapeutic relationship were experienced by patients.

In a follow up to Bedi et al (2005a), Bedi et al. (2005b) explored clients' perspectives of relational processes relating specifically to alliance formation by asking 40 adult participants to identify 'critical incidents' (Flanagan, 1954) which they believed had significantly helped to form the therapeutic relationship. The critical incidents technique bears substantial resemblance to SER as it seeks to identify and isolate moments that are perceived to be in some way significant or critical to the phenomenon of interest. The analysis generated 25 categories encompassing technical activities, therapist traits and behaviours, and client agency. The authors highlighted the divergence between participants' accounts of the factors which were most critical in alliance formation, and the predominant understanding amongst researchers and psychotherapists. They used these findings to emphasise the importance of understanding clients' perspectives regarding the formation and

maintenance of the therapeutic relationship, emphasising the CIT as a helpful tool for isolating and exploring salient incidents, and through this expanding our knowledge of the associated therapeutic phenomenon under investigation.

**2.4.3 *Helpful factors and change process research with young people.*** Despite a growing number of studies exploring helpful and unhelpful factors, the therapeutic process in counselling with young people is rarely explored (Durlak, Wells, Cotten, & Johnson, 1995; Everall & Paulson, 2002), leading to a call for more process-based research explaining how counselling helps young people (Cooper, 2013a; Davis, 2015). A literature search yielded only a handful of studies exploring young peoples' experiences of the therapeutic process, often by contextualising helpful and unhelpful factors within the change process. Recent process-research by Lynass et al. (2012) asked 11 young clients to identify what they found helpful and unhelpful in counselling, and how these factors were associated with change. Participants in this study reported change across three domains: the emotional (e.g., more confident, happier), interpersonal (e.g., talking more easily, improved relationships) and behavioural (e.g., standing up for oneself more, improved school attendance). Another study by McArthur et al. (2016) aimed to explore young peoples' experiences of the *process* by which helpful factors contributed towards change, marking the first attempt to contextualise helpful factors within specific change pathways. Using an adapted version of the Client Change Interview (Elliott, 1999), client-identified helpful factors and positive changes were identified, and change process models developed 'where there was evidence of links between helpful factors in counselling and positive changes' (McArthur et al., 2016, p.91). A central helpful factor- 'talking about emotions'- was identified in the context of five change process models (relief, increasing self-worth, developing insight, enhancing coping strategies and improving relational skills), leading the authors to suggest that there are multiple pathways

through which change can occur (Cooper & McLeod, 2012), and that the pathway taken is largely selected by the young person.

Research into change processes signals a shift towards a more process-based exploration of young peoples' counselling, contextualising helpful and unhelpful factors to understand not only what works for young people in counselling, but *how* it works. Although change-process research is much more established with adult clients, McArthur et al. (2016) have suggested that the initial change process categories identified in their research bear similarities with categories generated from significant events research with adult clients (e.g., Timulak & Elliott, 2003). Current, change-process research with young clients has tended to explore perceptions of change in counselling more generally, and usually in terms of helpful and unhelpful factors. In line with adult research, the current research suggests that next stage for CPR is to explore young clients' experiences of particular *aspects* of counselling. Given the central role that the therapeutic relationship has in determining therapeutic outcome for young people (Shirk & Karver, 2011), gaining a better understanding of the process by which young clients experience the *therapeutic relationship to change* seems a logical starting point for this enquiry.

## **2.5 Young clients' experiences of change in the therapeutic relationship**

A literature search of research exploring young clients' experiences of change processes in relation to the therapeutic relationship more specifically yielded limited results. As part of a wider piece of research exploring young peoples' perceptions of helpful factors in their counselling, Everall & Paulson (2002) decided to report on participants' descriptions of aspects of the therapeutic relationship which were salient to them. Eighteen individuals who had received counselling when they were aged 12-18 were interviewed about why they had pursued counselling, and asked to expand on how counselling had helped them. Participant descriptions provided insight into the factors they identified as important in the formation and

maintenance of the therapeutic relationship, identifying three main themes: the therapeutic environment, the uniqueness of the therapeutic relationship, and therapist characteristics. Whilst this study provides an important insight into the relational factors which clients identify as important in the formation and ongoing development of the therapeutic relationship, it has a number of limitations. Firstly, the inclusion criteria specified that participants needed to have received counselling between the ages of 12-18, but did not set a limit on the time elapsed since they had received counselling. This meant that participants could have been reflecting on a counselling relationship that had ended many years prior to the interview, thus assuming that participants could retrospectively recall events over a long period of time and report on them accurately. While memories are by their very nature reconstructions, recalling a more distant memory is more likely to result in aspects of it being misremembered or entirely forgotten (e.g. Neisser & Harsh, 1992), calling into question the reliability of participants' account and the extent to which they could be considered to reflect their perceptions as young clients in counselling. Secondly, of the 18 participants interviewed, eight had received family and group counselling. Receiving counselling in a group introduces a range of different contextual variables which are likely to impact on and compromise the development of the therapeutic relationship, such as generational and hierarchical variations across group members resulting in different therapeutic goals (Pinsof & Catherall, 1986).

A more recent study by Binder, Moltu, Hummelsund, Sagen & Holgersen (2011) focused more specifically on the counsellor's perceived role in the development of the therapeutic relationship, by asking 14 young clients how they preferred their counsellors to interact with them in establishing a therapeutic bond. Participants described moving from a position of vulnerability and ambivalence towards a more comfortable position in the therapeutic relationship, and attributed this to their counsellor: showing they were

comfortable in their role, establishing therapeutic boundaries, recognising and respecting the clients' personal boundaries, making the client's experiences more understandable and meaningful, and allowing the development of mutual emotional closeness.

As well as exploring the counsellor's contribution to the development of the therapeutic relationship, the current study aims to invite participants to explore other contributing factors, and to explore how these contributed to the development of the therapeutic relationship during self-defined significant relational moments.

**2.5.1 Significant events research with young people.** Given the relative dearth in youth counselling process-research (McArthur et al., 2016), it is unsurprising that SER research with young clients is virtually non-existent. The closest attempt to replicate Elliott's (1985) Significant Events research with adolescents comes from Dunne et al. (2000), who asked participants to identify 'key moments (p.79) in the therapeutic process more generally following a series of counselling sessions (conducted with the researcher as therapist), and what they found helpful or unhelpful about them. The researchers categorised participant responses into two clusters: affective factors, and cognitive factors (or 'Affective—Cognitive distinction' p.85), which they suggest equates to the 'Relationship—Task division in earlier research with adults' (p.85). Young people placed greater importance on the affective components of their counselling, which the authors suggest corresponded with the 'Relationship' dimension. Whilst these findings provide some intriguing insights, methodological flaws must be considered. The counsellor, who was also the primary researcher, formed part of the therapeutic dyad and later the research dyad. This raises some ethical questions concerning the extent to which research interests may have compromised the researcher's therapeutic provision, perhaps leading him to unconsciously emphasise particular elements of the counselling over others in line with his own constructions, perspectives and research aims. Furthermore, the dually held role of counsellor and



researcher may have compromised participants' ability to speak honestly about their experiences, or perhaps led them to emphasise factors which they sensed would please the researcher.

## **2.6 Conceptualising of moments in the therapeutic relationship**

While there are limited examples of research exploring significant relational *events*, there exists a much greater body of literature referring to *relational moments* in the therapeutic interaction. Knox (2011) suggests that it is important to first draw a distinction between 'events' and 'moments', suggesting that the former involves 'much more than a single momentary experience' (p.3) compared to a moment representing 'the smallest chunks of psychological experience that have a clinical sense (Stern, 2004, p.135, cited in Knox, 2011). Literature relating to relational moments in the therapeutic relationship focuses on the minutia of the therapeutic relationship, both during 'moments of meeting that are affectively charged— lit up in flashing neon so to speak' (Stern, 2004, p.178) as well as those moments which constitute 'the daily moving along process' (Stern, 2004, p.178). While all significant events in therapy can be conceptualised as constitutions of moments, it is notable that the literature relating specifically to affectively charged *relational* moments is more greatly developed, particularly in the psychoanalytic and (more recently) the person-centred modalities. The following section will explore some of these conceptualisations of relational moments, representing relational microcosms within significant relational events where meaningful contact is established between client and therapist. Following this, a more recent conceptualisation of interpersonal moments to emerge from the person-centred literature— moments of relational depth (Mearns & Cooper, 2005)—will be explored, and contextualised within the current research objectives.

**2.6.1 The relational 'now' moment.** Stern's (2004) conceptualisation of moment-to-moment process of therapy, with a particular focus on the profound experience of a 'Now'

moment, is rooted in developmental literature relating to the mother-infant dyad. ‘Now’ moments are described as ‘affectively charged’, emphasising the subjective experience of such a moment at an intrapersonal level and bearing some resemblance to the Greek concept of ‘Kairos’, which describes a ‘kind of moment [that] disrupts a typical experience or familiarity with the world, pointing us beyond where we normally find ourselves’ (Shew, 2013, p.48). Such a moment ‘cuts through the homogenous flow of time, it breaks up the usual chronological experience... and inscribes in the cosmic and vital flux, an expanse of sharable stories, of acknowledgment, of memory’ (Kristeva, 2009, p.30). At an interpersonal level, Stern et al. (1998a) suggest that a ‘now moment’ that is therapeutically seized and mutually recognized can become a relational ‘moment of meeting’ (p.305) if the therapist is able to respond authentically in a way that ‘[fits] the singularity of the unexpected situation, and [carries] the therapist’s signature as coming from his own sensibility and experience, beyond technique and theory’ (p.305).

**2.6.2 Shared moments in therapy.** Within the psychoanalytic field, the concept of mutually created and shared moments is well established. Ehrenberg (1974) describes the ‘intimate edge’ of psychoanalysis as the ‘point of maximum and acknowledged contact at any given moment in a relationship’ in which ‘each participant becomes acutely aware of his own active participation in a particular interaction, the choices he makes, and of where he ends and the other begins’ (p.424). Ehrenberg highlights the separateness of the client and therapist, emphasising that it is the active collaboration of two separate people and their ‘mutual willingness to adventure into the unknown’ (p.15) which determines how healing these inter-subjective moments can be. Similarly, Safran (1993) writes of ‘authentic moments of relatedness’ (p.20) emerging from the separateness of the client and therapist, and suggests that these moments might be the result of ruptures in the therapeutic relationship which serve to make this separateness more prominent.

One of the most recent conceptualisations of ‘present moments’ emerging from the person-centred literature, is that of relational depth (Mearns & Cooper, 2005). Given that person-centred, humanistic and integrative therapeutic modalities ‘based around a person-centred core’ (Cooper, 2009, p.139) are commonly reported as the primary forms of therapeutic orientation used by counsellors across school-based and community-based youth counselling services, it was felt that the addition of a description of a moment of relational depth emanating from the simultaneous provision of the core conditions to a high degree might hold resonance to young clients receiving relational counselling, deepening the exploration of significant relational events, and extending the discussion on relational depth.

## **2.7 Relational depth**

The term relational depth has come to describe the relational experience of being connected to another person, which ‘for many therapists, [is] at the heart of their therapeutic practice’ (Cooper, 2005, p.87). First coined by Mearns (1997), the term was used to describe the ‘extraordinary depth of human contact’ (Mearns 2003, p.5) which could occur between a therapist and client, and was further developed with Cooper (Mearns & Cooper, 2005) to try and capture the experience of fully meeting the other in interaction.

Mearns and Cooper’s (2005) original definition of relational depth was developed from Rogers’s person-centred model, which emphasised the importance of the therapeutic relationship and posited that it was the quality of the therapeutic relationship—rather than therapeutic technique—that was most important in determining the successfulness of therapy (Rogers, 1957). Mearns and Cooper (2005) place particular emphasis on the integrative nature of the core conditions (empathy, congruence and UPR) famously proposed by Rogers (1957) to describe:

A feeling of profound contact and engagement with a client, in which one simultaneously experiences high and consistent levels of empathy and acceptance towards the Other, and relates to them in a highly transparent way. In this relationship, the client is experienced as acknowledging one's empathy, acceptance and congruence – either explicitly or implicitly – and is experienced as fully congruent in that moment. (Mearns & Cooper, 2005, p.36)

Although the core conditions have been conceptualised and studied as distinct and distinguishable relational components of the therapeutic relationship for many years, it has been suggested that their separation resulted from the modernist western culture in which they were developed, which dictated that constructs should be operationalised and scientifically investigated (Mearns & Cooper, 2005; Freire & Grafanaki, 2010). Norcross (2002) has suggested that 'the therapy relationship is like a diamond... composed of multiple, interconnected facets... complex, reciprocal and multidimensional' (p.8), emphasising the importance of exploring relational constructs within the context of the therapeutic encounter, rather than as standalone variables. Mearns and Cooper (2005) suggest that when a therapist is able to simultaneously integrate and deliver the core conditions to a high degree, the core conditions become enhanced and allow the therapeutic dyad to fully *encounter* each other as subjects in relationship. Indeed, it has been suggested that the integration of Rogers's core conditions into a single variable, *relational depth*, more accurately taps into the spontaneity and fluidity that is characteristic of a complex and dynamic encounter between the therapeutic dyad. This bears resemblance to Rogers's observation later in his career that he 'stressed too much the three basic conditions' and that 'perhaps it is something around the edges of [the core] conditions that is really the most important element of therapy when myself is very clearly, obviously present.' (Baldwin 2000, p.30). However, while presence

refers more specifically to the therapist's internal experience of themselves and their clients during these moments (Geller, 2013), relational depth encompasses Buber's (1958) notion of a *mutual* I-Thou encounter between the therapist and client during moments of presence (Cooper, 2005) in a 'two-way [meeting]' (participant in Cooper, 2005, p.92) of mutual 'synergistic encounter that may not be reducible to the sum of its individual parts' (Cooper, 2005, p.93).

**2.7.1 A mutual exchange.** The concept of a meeting at relational depth emphasises the mutuality of the therapeutic relationship; far from the therapist unilaterally providing a therapeutic relationship 'for' the client based on the provision of the core conditions, it is 'the client's agency, that is the degree of his ability to think, feel and act as an autonomous being who has the confidence to trust his own experiencing' (Mearns, Thorne & McLeod, 2013, p.54), combined with the therapist's ability and willingness to meet them at a relationally deep level, that gives rise to such these moments. Rather than fusing with their client, Mearns and Cooper (2005) stress the importance of the therapist presenting the client with their 'Otherness' (p.39) in developing a genuine interaction.

**2.7.2 Two aspects of relational depth.** Mearns and Cooper's (2005) delineation of relational depth identifies two distinct aspects of the phenomenon. The first is the description of a deep and 'enduring sense of contact and interconnection' (p. xii) over the entire course of therapy. The second refers to significant, memorable moments of profound engagement and connection between the therapeutic dyad, which has a lasting impact on both members. This distinction serves to illustrate the interpersonal and intrapersonal nature of relational depth. The emergence of a relationally deep moment occurs within the context of an ongoing, close relationship, bearing some resemblance with Giorgi's (2011) description of a pivotal moment as '[taking] place within a therapeutic relationship felt as safe and supporting' (p.72). McMillan and McLeod (2006) suggest that the transformatory power of the therapeutic

relationship lies in an *intensity* which ‘allows both participants to experience deeper facets of what it means to be human’ (p.279).

**2.7.3 Clients’ experiences of relational depth.** In the first study to explore clients’ experiences of relational depth, McMillan and McLeod (2006) asked 10 clients (who were also therapists) to describe their experience of significant therapeutic relationships, and within this to ‘describe significant moments of intense closeness and connectedness within this significant relationship’ (p.281). Seven participants reported having experienced a facilitative and meaningful therapeutic relationship, and described: being able to engage with a therapist who was ready to engage, internalizing the therapist between sessions, ‘looking inward’ (p.283), experiencing ‘moments of insight’ (p.283), and experiencing the therapist as a mother. Some participants reported that this experience was difficult to accurately verbalise. The core category identified was being able to ‘let go’ and become involved in and committed to the therapeutic relationship. McMillan and McLeod (2006) suggest that while the concept of relational depth is meaningful for conceptualising clients’ experiences of meaningful moments in the therapeutic relationship, clients highlighted different facets of the phenomenon compared to therapists (see Cooper, 2005). Most significantly perhaps, clients’ descriptions of relationally deep moments focused more on the self, and less on the mutual ‘I-Thou’ (Buber, 1958) quality that Mearns and Cooper (2005) describe. If anything, too much awareness of the therapist was actually considered an obstruction to self-exploration.

In another study exploring clients’ experiences of specific moments of relational depth (Knox, 2008), participants (14 therapists and trainee therapists who were also clients) were provided with an abbreviated version of the Mearns and Cooper (2005) description of a relationally deep moment and asked to describe any comparable moments they had experienced with their therapist. Most participants could identify having experienced such a moment with at least one therapist, and there were some overlaps between what clients

reported and what therapists had reported in Cooper's study (2005). In a follow up study, Knox (2011) interviewed 11 clients whose only experiences of counselling were as clients. All participants were able to identify moments of relational depth, characterised by feelings of openness, genuineness and acceptance, and considered these moments as significant catalysts in the therapeutic process. Relating to themselves, participants reported a feeling of being cared for, slowing down, being vulnerable, feeling safe, feeling understood, and feeling connected to oneself. The therapist was experienced as genuine and real, human, open, supportive, trustworthy, and offering something over and above their professional duty. The relationship was experienced as one of connection, mutuality, union, fusion and togetherness. Experience of the moment itself pertained to the overall experience or atmosphere of the moment; a sense that it was on a different dimension, had its own momentum, and distorted time.

Despite there being difference in how clients and therapists described their experiences of relationally deep moments, there nonetheless remained a high degree of consistency in how these experiences were described by participants across studies. Participants consistently described feeling connected (Knox, 2008, 2011; McMillan & McLeod, 2006; Macleod, 2009; Cooper, 2005; Connelly, 2009), spiritual (Knox, 2011; Macleod, 2009; Connelly, 2009), immersed (Cooper, 2005; Knox, 2008; 2011), still (Connelly, 2009; Macleod, 2009), and a sense of flow (Macleod, 2009, McMillan & McLeod, 2006). Similarly to Buber's conceptualisation of a transient moment of *I-Thou* encounter, McMillan and McLeod (2006) found that over half of the reported experiences of relational depth were conceptualised as both temporary (in terms of an altered state of awareness), but also enduring.

**2.7.4 Significant events paradigm and relational depth.** The concept of relationally deep moments holds some resonance within significant events paradigm research (Elliott,

1985), as both describe moments of heightened personal importance within the context of the ongoing therapeutic work. In terms of findings, a meta-analysis of Significant Events research (Timulak, 2007) identified two overarching types of significant events which he termed Task oriented and Relationship-oriented events. The latter was more prevalent across studies, and included the category ‘personal contact’, described as ‘moments in which [participants] experienced a person-to-person relationship with the counsellor’ (Elliott, 1985, p.311). This description resembles that of a relationally deep moment, and in this way the concept of a relationally deep moment can be conceptualised as a component of the significant events paradigm.

**2.7.5 Do young people experience relational depth?** In exploring young peoples’ experiences of significant relational events, the current research aims to incorporate the concept of a moment of relational depth in order to provide young people with a description of how a relationally ‘lit up’ moment might be experienced, but also to shed some light on the relevance of the concept for this age group. Whether the concept holds any relevance to young clients, developing our current understanding of affectively charged relational moments or events in young peoples’ counselling holds the potential to develop our understanding of how such moments might occur and whether they are helpful, perhaps encouraging counsellors to be more reflective and reflexive about their practice, and the barriers which restrict them from engaging in ways which could enhance the possibility of meeting clients for whom the more traditional ‘right’ and ‘wrong’ therapist behaviour’ (Hawkins 2013, p.84) might not be appropriate.

There are conflicting views regarding whether young people might experience relational depth as it is currently conceptualised in adult studies. This debate is still very much in its infancy, and currently based solely on anecdotal accounts from counsellors. The only account of relational depth with a young client comes from Hawkins (2013), who



describes a moment of relational depth with an 18-year old client she calls Tom. In her account, Hawkins describes how using her intuition to go over and above her duty as a counsellor, and to trust her client where others would not have, enabled a relationally deep moment to develop. As well as having an effect on the ongoing therapeutic relationship, Hawkins describes how during the moment ‘the relationship seemed to have the capacity to heal what needed to be healed’ (p.88), suggesting the relationship somehow transcended both herself and Tom. Hawkins (2013) provides an additional account of her experiences working at relational depth with a 9-year old boy, in which she describes her sense of ‘a ‘knowingness’ between us... a mutual understanding of the significance of this [encounter]’ (p.80) that was powerful despite remaining unspoken. Despite the sessions being largely non-verbal, Hawkins described her sense ‘of inhabiting the ‘right brain’, where language wasn’t necessary’ (p.80).

Whilst Hawkins (2013) provides the only account of working at relational depth with young people, a review of the literature has yielded some other accounts describing moments of relational depth with clients who might not be expected to relate at a level of profound depth. Mearns (in Mearns & Cooper, 2005) describes his experiences working with a non-verbal war veteran, describing how over time he was able to establish a strong and profoundly deep relationship with his client, based on an attunement to the non-verbal cues in the therapeutic space. Macleod (2009; 2013) interviewed therapists who worked with learning disabled clients, and concluded that that meeting at relational depth is ‘more to do with the person’s ability to access their emotions and share them with another human being’ (p37) than their cognitive or linguistic abilities. She suggests that by being ‘so bloody word fixated’ (participant, Macleod, 2009, p.45), we may be assuming that the phenomenon of relational depth has no relevance to clients who might communicate differently, or use less sophisticated language. This suggests not only that the experience of a moment of relational

depth can transcend verbal communication abilities, but that the existence of these moments for populations with decreased communicative abilities might have been overlooked.

The suggestion that experiencing a moment of relational depth is not dependent on cognitive or linguistic ability (Hawkins, 2013; Macleod, 2013; Mearns & Cooper, 2005) is intriguing, and suggests that adolescents should not be excluded from the debate on the basis of cognitive ability across developmental stages, individual preference for non-linguistic modes of communication (Hawkins, 2013), a limited understanding of how therapeutic tasks and goals are connected, or a lack of sophisticated linguistic abilities (Shirk & Karver, 2011). Whilst these might make it more difficult for adolescents to engage or communicate in a traditional therapeutic interaction, the suggestion is that it does not necessarily preclude them from experiencing moments of profound contact and engagement which resemble the concept of relational depth. Whilst the above accounts all produce interesting insights into the phenomenon of relational depth, they are limited in a number of ways. Firstly, apart from Macleod (2009; 2013), the accounts are all anecdotal. Therefore, whilst they are useful in making suggestions to inform further investigation, they do not produce insights which are supported by rigorous systematic analysis. Furthermore, all of the accounts provide accounts derived from therapists' perspectives, and as such are limited in their ability to describe what the experience of a relationally deep moment is for clients.

Conversely, it has been suggested that the concept of relational depth might not be applicable to young clients. Pearce and Sewell (2014) suggest that the concept felt 'less relevant to [their] work with distressed children and young people; they occurred less frequently than anticipated, while 'contact' of a more fleeting nature... appeared more common' (p.29). Interestingly, the authors attribute this to contextual factors (e.g., power imbalances), which might act as barriers that restrict the possibility of a young client experiencing such moments in their personal therapy. This suggests that rather than the

phenomenon itself being irrelevant to young people, social and contextual aspects relating to young peoples' counselling might restrict it from arising. However, it must once again be noted that similarly to Hawkins (2013), Pearce and Sewell (2014) use their own experiences and reflective notes rather than any formalised research to tentatively suggest that the concept of 'tenuous contact' might 'fit' (p.29) better than relational depth. It is hoped that a more systematic exploration of this from the perspective of young people will provide some much needed clarity.

## **2.8 Gaps in existing research**

In reviewing the psychotherapeutic literature, three gaps relating to our current understanding of the processes inherent in the therapeutic relationship for young people have been identified. First, process-research exploring young peoples' experiences of change in their counselling is noticeably lacking, something which is slowly starting to be addressed in accordance with changing attitudes towards conducting qualitative research with young people. Research in this field has traditionally tended to focus on therapeutic outcome, using quantitative methods which suggest a correlation between therapeutic alliance and therapeutic outcome. Whilst these studies are valuable in locating an important field of research, they lack the explanatory power necessary to explain *how* change occurs within the therapeutic relationship itself, and subsequently, how the therapeutic relationship influences therapeutic outcome, perhaps serving to simplify the unique and highly complex phenomenon which is the therapeutic relationship. A survey exploring how psychotherapists used research found that outcome studies were considered less important by practitioners because they were not perceived to have any clinical utility (Morrow-Bradley & Elliott, 1986). Psychotherapists reported that the more clinically relevant studies which they would be more likely to access would be those which linked therapeutic processes to outcome, and when presented with a list of potential research topics, most commonly selected those relating to the development

and impact of the therapeutic relationship. These insights suggest that studies exploring personal experiences embedded within a therapeutic process are more helpful to practitioners. A shift towards qualitative research exploring young peoples' perceptions of their counselling has so far successfully delineated a number of helpful and unhelpful factors which young people identify across studies, and it is encouraging that researchers have started to contextualise these in order to explore the processes by which they contribute to therapeutic change (e.g., McArthur et al., 2016).

Secondly, the literature reveals a dearth in Significant Events research relating specifically to the therapeutic relationship, for both adults and young people. The Significant Events paradigm provides a unique and useful means of exploring the subjective experience of what Stern (2004) described as 'affectively charged' (p.178) moments in the therapeutic relationship. It provides scope for the researcher to delineate the domain of interest, and to ask participants to reflect upon this through concrete examples which they have selected from their own experiences. This creates the opportunity to not only explore participants' subjective experiences of these moments or events, but also the reasons they were selected (what made them significant), the meanings that were taken from them, and the impact they had on the therapeutic process being investigated (in this case, the therapeutic relationship).

Thirdly, a review of the literature suggests that there has been no attempt to explore young peoples' subjective experiences of relationally 'charged' moments within the context of the therapeutic relationship. Do these moments occur? If so, how are they described? And how do they contribute to the therapeutic process? The concept of relationally-deep moments borrows from a template which has been found to have relevance for exploring profound moments of closeness in research with adults. Previous research into relationally deep moments has helped provide insight not only into the largely helpful experience of these elusive and profound moments, but also into the effects of these moments and how they

influence the therapeutic process (see Cooper, 2013b for a review). The concept of a relationally deep moment of meeting may prove useful for helping young people explore their experiences of significant moments in the context of the therapeutic relationship. Furthermore, the incorporation of a description of a relationally deep moment will provide initial insights into the potential relevance of this construct for young people, thus contributing to the growing body of research into relational depth (Cooper, 2013b).

## **2.9 Rationale and Objectives**

The following objectives for the current research were developed on the basis of a comprehensive literature search and the emergent gaps in knowledge.

1. Explore young clients' perceptions of how the therapeutic relationship develops and changes over time.

Given the now widely accepted finding that the therapeutic relationship is one of the most important factors in predicting therapeutic outcome for both adult and young clients, understanding more about how clients perceive it to progress and change over the course of counselling is important in furthering practitioners' understandings of how we can seek to develop a strong therapeutic relationship in our work with young people which is based on their insights rather than adapted from work with adults. These insights can be used to improve practice, but also to encourage practitioner reflectivity regarding the ways we work therapeutically with young clients and how these might serve to help or hinder the development of the therapeutic relationship. Research suggests that obtaining young clients' perspectives (rather than practitioner or family perspectives) is particularly important for improving counselling provision. As well as improving our understanding of psychological phenomena, the benefits of participatory research with populations who have historically

been under-represented in research also has implicit value in terms of facilitating inclusion and empowerment (Smith, Monaghan & Broad, 2002), and ‘giving voice’ to the previously voiceless (Davis, 2015).

2. Explore change process in young people’s therapy in terms of significant events.

For the first time, the current research aims to draw on the significant events paradigm in exploring the development of the therapeutic relationship in young people. The suggestion that ‘whatever change processes operate within therapy are likely to appear in “purer” form during significant therapy events’ (Elliott, 1985) means that exploring young clients’ experiences of significant moments or events in the therapeutic relationship has the potential to yield new perspectives and insights, and to bring to the forefront those self-identified significant moments or events in the context of an ongoing therapeutic relationship.

3. Exploring significant events in terms of relational depth for young clients.

Moments of relational depth describe significant relational moments which have been identified by clients and therapists alike, and described as overwhelmingly positive (Cooper, 2013b). In exploring young clients’ experiences of significant events in the therapeutic relationship, the decision was made to incorporate an adapted description of relational depth in an attempt to understand whether how young people might understand this concept and whether it had any resonance or aided their exploration of significant relational moments/events. In this way, the current research hopes to explore significant relational moments but also to contribute to the emerging debate regarding whether young people experience relational depth with their counsellors.

## **Chapter 3**

### **Methodology**

#### **3.1 Research design**

The current study draws on change process research (Elliott, 2010) and event paradigm research (Rice & Greenberg, 1984) to fulfil two primary objectives: a) to explore young clients' experiences of the therapeutic relationship, and of change within the therapeutic relationship, and b) to gain insight into the nature of participant-identified significant relational moments or events within the context of a changing therapeutic relationship. In this way, the current study aims to provide both micro and macro-analytic insights into young clients' experiences of the therapeutic relationship, a research area which remains largely unexplored from young clients' perspectives. Rather than identifying significant relational moments or events immediately after the counselling session, participants were given the opportunity to retrospectively recall moments across entire course of the therapeutic relationship (e.g., Levitt et al., 2006). It was felt that this would allow them the opportunity to identify relational moments that were meaningful to them within the context of an ongoing therapeutic relationship, as opposed to tracking the subtle relational changes that occur within every therapeutic interaction.

A third objective was to contribute towards a growing research area, relational depth. A tentative description of the phenomenon was adapted from the original Mearns & Cooper (2005) description with the support of the supervisory team, in order to 'to map out some of the contours of this aspect of the client's experience' (McMillan & McLeod, 2011, p.279). This was piloted to explore whether and how it held any resonance for participants, and helped them tap into their experience of significant relational moments/events. The following chapter will provide a rationale of the methodology used for the current research, which takes

into account personal epistemological and ontological considerations, and the aims of the research.

### **3.2 Finding a research paradigm**

A research paradigm acts as a map for the researcher to consider ‘what is important, what is legitimate, what is reasonable’ (Sarantakos, 1993, p.30) when researching a phenomenon, and encourages researchers to consider the nature of the knowledge they hope to create. Mills, Bonner, & Francis (2006) suggest that ‘researchers must choose a research paradigm that is congruent with their beliefs about the nature of reality’ (p.26). Guba & Lincoln (1994) outline three areas that a researcher should consider in determining the best research paradigm for their research: ontology, epistemology and methodology. This section will review my ontological and epistemological stance, and how these informed my choice of methodology.

**3.2.1 Qualitative vs quantitative research paradigms.** The decision of whether to use qualitative or quantitative methods of enquiry is an important first step in the research process, influencing the way data will be collected and analysed, and ultimately the knowledge that will be generated. Traditionally, psychological research was dominated by quantitative research methods (Fassinger, 2005) grounded within a positivist paradigm, reflecting an overemphasis on ‘playing at science’ (Rennie, Phillips & Quartaro, 1988, p.139) as a way of verifying existing theory, at the cost of explorative discovery at a subjective and phenomenological level (Bruner, 1991). Qualitative research places greater emphasis on understanding how people experience and make sense of the world around them (Willig, 2013). By grounding research in personal accounts, the objective of qualitative research is not to put forward a theory that is able to predict outcome, but to acknowledge multiple realities in order to create a joint and collaborative reconstruction of meaning (Guba & Lincoln, 1989) that reflects a research interaction occurring within a particular context and point in time



(Charmaz, 2014). For the purposes of the current research, a qualitative approach was selected for a number of reasons. Firstly, it was felt that obtaining personal accounts of experiences using a qualitative approach would not only provide important first insights into an under-researched area, but would also serve to empower a participant group who have traditionally had their story told for them (Waksler, 1991; Morrow & Richards, 1996). Secondly, given that the research aimed to provide some insight into young clients' understanding of relational depth, a concept which may or may not feature in their experiences of significant relational events, it was acknowledged from the conception of the research study that the questions were provisional and that the concepts and terminology might not be 'appropriate or relevant to the participants' experiences' (Willig, 2013, p.27). Willig (2013) suggests that qualitative research not only provides scope for changing the research question, but that one of the outcomes of qualitative research is developing an understanding of what questions *are* suitable to ask and why.

Thirdly, my training as a counselling psychologist reflects my belief in the subjectivity of meaning-making and experience, and my interest in capturing some form of this experience through interaction. Considering my personal epistemological and ontological worldview (which will be further delineated in the remainder of this section), in addition to the subject-matter of the present study, the novelty of the research area, and restricted pre-existing knowledge (Barker, 2002), a qualitative approach to data collection and analysis was considered most appropriate.

### **3.3 Considering an Ontological and Epistemological paradigm**

Qualitative research methods necessarily implicate the researcher in the research process (Elliott, Fischer & Rennie, 1999), something which is—to varying extents—considered an integral, unavoidable and defining facet of qualitative research endeavour. It is important that qualitative researchers embrace and make transparent their role in the research

process, by explicitly stating their paradigmatic and theoretical stance and the ways these express themselves through the chosen methodology. As part of this, it is vital that researchers reflect on their ontological and epistemological positioning when conducting a research project, as this will affect the kind of knowledge they aim to produce, the assumptions they make about the world, and the way they conceptualise the role of the researcher in the generation of knowledge (Willig, 2013).

Ontology is concerned with the nature and study of being (Crotty, 1998). In considering ontological positioning, it is necessary to consider one's stance on *what* can be known about the nature of reality (Denzin & Lincoln, 2005; Willig, 2013; Levers, 2013). Considering whether reality exists independently of, or strictly within, consciousness and experience, marks the 'eternal ontological debate' (Levers, 2013, p.2). In considering this debate, it is helpful to conceptualise of a continuum of ontological stances proposed by Madill et al. (2000), which places naïve realism and extreme relativism at opposing points. A naïve realist approach was considered and rejected on the basis that it supposes a direct relationship between perception and reality. In line with my training, my beliefs regarding the nature of reality aligned with a more relativist ontology. The relativist stance posits that reality is individually constructed by the individual consciously engaging with objects (Scotland, 2012), and that consciousness through our senses, rather than direct observation of an objective world 'out there', brings meaning to the world around us. Relativist ontology draws parallel with Burrell & Morgan's (1979) position of nominalism, which suggests that subjectivity is continually constructed through language, and co-constructed by the researcher through the subsequent interpretation of that language.

*3.3.1.2 Considering a relativist and critical-realist ontology.* Whilst the role of social constructionism in the formation of experience is to a large degree accepted in the field of qualitative psychological research, the extent to which one considers social structures to

shape reality is disputed, and varies along the spectrum of ontological stances. I considered whether by incorporating a description of a phenomenon (relational depth), I was perhaps moving towards a more central critical-realist position which posits that an experience is inextricably linked to a real event, and can be considered a ‘new emergent property’ of it (Ackroyd & Fleetwood, 2004, p.9), generating ‘new meanings which are irreducible to those of their constituents [the real event]’ (p.9). With its emphasis on subjectivity and co-construction, it has been suggested that critical-realism incorporates a relativist ontology (e.g., Lawson, 2003), and that ‘epistemological relativism might be recast at the heart of critical-realism’ (Al-Amoudi & Willmott, 2011, p.27). Ultimately, critical-realist and relativist ontologies both acknowledge that the co-construction of meaning through a meeting of subjectivities is the only knowledge that can be generated, though the former supposes there is a reality ‘out there’ from which meaning emerges.

In considering the critical-realist ontology, I reflected on my purposes for incorporating the description of relational depth into the interview schedule; was I supposing the description reflected a real event ‘out there’? This was rejected on the basis that the description was introduced with the purpose of being adapted, through a process resembling de Rivera’s method of ‘Conceptual Encounter’; it was accepted as a subjective and evolving construct, rather than a structure reflecting a reality ‘out there’. Additionally, I considered whether asking participants to identify self-defined moments or events incorporated an element of critical-realism by supposing that participants were describing some real event. Again, this was rejected on the basis that it was felt these self-identified moments or events reflected something subjectively (rather than objectively) real.

*3.3.1.3 Language and hermeneutics.* In considering ontology, it is important to reflect on one’s ideas regarding the role that language plays in the research process. Donaldson’s (1985) claim that ‘concepts are constructs, i.e. artificial and man-made efforts to understand

the buzzing world of phenomena' (p.50) aligns with the evolving postmodernist claim that language is capable of reflecting change with suspicion. It has been suggested that whilst language does reflect some form of experience, it simultaneously *creates* these experiences by filtering and thus shaping our perception of the world in accordance with existing linguistic constructs (Derrida, 1970; Frowe, 2001). Taking the perspective that language—a primary tool of communicating in a social world—is a socially constructed and evolving semiotic system, our use of language necessarily influences the way our experiences are constructed, confined and shaped by society, and creates 'a particular view of reality and of the Self' (Richardson & St. Pierre, 2005, p.961). In line with a relativist position, I consider that despite not being able to reflect one's experience accurately, language is a fundamental tool for accessing and expanding upon experiences, opening up other avenues of experience (Sarup, 1993) and developing our understanding of subjective worlds.

While ontology is concerned with what one can know about the world, epistemology is concerned with *how* one can know about the world (Willig, 2013). In line with my ontological positioning, I consider myself to hold a subjectivist epistemological stance which posits that the world cannot ever be fully known, only interpreted subjectively from one's viewpoint. When applied to research, the subjectivist stance suggests 'that the "findings" are literally created as the investigation proceeds' (Guba & Lincoln, 1994, p.111)

### **3.4 Consideration of methodologies**

The following section will review the process of selecting an appropriate research methodology to complement the epistemological and ontological underpinnings of the study. Given that the current study hoped to explore young clients' subjective experiences of the therapeutic relationship, Interpretative Phenomenological Analysis (IPA) was initially considered.

### ***3.4.1 Considering Interpretative Phenomenological Analysis.*** Interpretative

Phenomenological Analysis (Smith, Jarman & Osborne, 1999) aims to explore idiographic subjective experiences and social cognitions to better understand how individuals make sense of their world. IPA stems from a Husserlian phenomenological method in which a researcher (temporarily) suspends or brackets their assumptions and experiences during the early stage of data analysis, with the purpose of facilitating a fuller immersion in the data.

In terms of its emphasis on subjective experience, it was considered that IPA partially fitted the objectives of the current study and could provide an interesting insight into participants' experiences of self-defined significant relational events in the therapeutic relationship. However, from an epistemological and ontological perspective, IPA proved problematic for the objectives of the current research. Firstly, the notion that a researcher is to some extent able to suspend their subjectivity did not adhere to my personal epistemological and ontological perspectives regarding the way that knowledge is constructed. Following on from this, it was felt that the emphasis on bracketing would not provide scope to fulfil the second objective of the research, which was to explore the relevance of the phenomenon relational depth. Whilst the current study was considered to fall under the 'conceptual encounter' method as delineated by de Rivera (1981) rather than deductive methods, it nonetheless involved a tentative incorporation of my own theoretical ideas in the initial stages of the interview process, something which was not compatible with an IPA methodology adhering to a Husserlian 'bracketing' during the data collection stage.

Thirdly, IPA studies seek to recruit homogenous participant samples which have been purposefully selected based on the personal significance of the research topic. Inviting participants to reflect on significant relational events in the therapeutic relationship did not require highly specific recruitment, in the way that a study relating to experience of a particular setting, or a specific medical condition, would. Therefore, it was not felt that a

highly homogenous sample would be necessary for answering the research questions proposed. Furthermore, from a logistical perspective, ethical considerations regarding the acquisition of parental consent suggested that recruitment would be extremely challenging. Given the limited time scale available for the research, having scope to recruit a less homogenous participant sample was desirable.

**3.4.2 Considering Grounded Theory.** Grounded theory (GT) was considered on the basis that it aims to create theory, and in this way corresponded with the current study's aim of exploring processes in the therapeutic relationship to generate a tentative theory for how young people conceptualise significant relational events in the context of a developing therapeutic relationship.

Unlike IPA, GT as a methodology encompasses a number of different permutations which conform to a spectrum of different epistemological and ontological stances ranging from positivist to constructionist (Levers, 2013; Rennie, 2006). A review of the GT literature was conducted to explore whether there was any version of the methodology which might support the ontological and epistemological position of the current research.

### **3.5 Background to Grounded Theory**

Originally developed within the field of sociology as an alternative to the dominant deductive research paradigms of the time, the classical version of GT (Glaser & Strauss, 1967) proposed a systematic qualitative model for inductively generating theory which was grounded in the data. Rather than confirming existing theories, Glaser and Strauss argued that researchers should be seeking to develop new understandings of social phenomena by inductively generating theory *from the data*. Grounded theory is now a widely used research method which has been adapted for use in a range of different fields including psychology (Henwood & Pidgeon, 2003).

Since classical GT was conceptualised, more recent permutations of the method have moved it away from the original post-positivist paradigm and towards interpretivist and constructionist paradigms. Whilst this has been criticised on the grounds of undermining the original technique (Glaser, 1992), the emergence of new schools of GT has also been praised for expanding the methodology in line with changing conceptualisations of theory-generation and researcher subjectivity (Annells, 1996). Despite differences, all permutations of GT share the goal of developing theory that is grounded in the research (Ramalho, Adams, Huggard & Hoare, 2015).

**3.5.1 Constructivist Grounded Theory.** Often hailed as the ‘third approach’ to GT (Maxwell, 2009; Ramalho et al., 2015), Charmaz (1990; 2005; 2014) developed constructivist GT in reaction to criticisms regarding the epistemological and ontological assumptions made in the earlier GT models. The primary criticism to emerge related to the idea that theory ‘emerged’ from the data (e.g., Stanley & Wise, 1983; Dey, 1999; Charmaz, 1990, 2014). It has been suggested that this perspective did not account for the researcher’s role in co-constructing the theory, rather suggesting that similarly to an archaeologist, the researcher acts to uncover or unearth rather than to create. Whilst Glaser and Strauss (1967) did acknowledge that researcher subjectivity would inevitably have some impact on the generation of theory, this was considered a contaminating factor which the researcher should aim to minimise. Indeed, their suggestion that researchers should delay reading any literature relating to their topic of enquiry until after data collection, so as to assure ‘that the emergence of categories will not be contaminated’ (1967, p.37), somewhat adheres to phenomenologists’ concept of bracketing (Husserl, 1931).

In developing the constructivist GT approach, Charmaz challenged the idea that the researchers’ subjectivity ‘contaminated’ the GT process, and the notion that they might somehow be able to separate their subjectivity from the theory generation process; from the

very conception of a research question, the researcher cannot help but make assumptions about the nature of the phenomenon being investigated, and will always begin their research journey with a set of concepts and personal interests which draw them in a particular direction. Drawing on Blumer's (1954) description of 'sensitizing concepts' which '[give] the user a general sense of reference and guidance in approaching empirical instances... [and] merely suggest directions along which to look' (p.7), Charmaz (2014) describes how researchers can use guiding concepts and personal interests as both starting points, as well as 'points of departure' (p.17) for analysing data. By continually evaluating the fit between their initial research questions and the emerging data, Charmazian grounded theory affords the researcher greater flexibility in developing and refining data collection to reflect the emerging data. Constructivist GT therefore encourages researchers to reflect on and incorporate their subjectivity into the research process, something which when made explicit can inform the reader of the perspectives and understanding that the researcher is bringing in (Rennie, 2006). In line with the aims of the current research, it was felt that a constructivist GT approach would provide more scope for making my own ideas explicit, and in this way, opening them up to more rigorous consideration, challenge and adaptation in line with what emerged from the data. This would allow me to explicitly acknowledge and tentatively hold my curiosity around the concept of the relational depth— a phenomenon which resonated with my own experiences of the therapeutic relationship— and to adapt my own ideas in line with the emerging data.

### **3.6 Symbolic Interactionism**

Symbolic interactionism (SI) is a fundamental aspect of GT, emphasising the subjective meaning-making process through which an individual understands their world, and their position within it. SI explores meaning, action and process to try and understand how an individual makes sense of and moves through their world. It emphasises the subjective and



socially constructed nature of meaning, conceptualising meaning and the self as negotiated through social processes (Mead, 1934/2001; Blumer, 1969; Dey, 1999).

Mead (1934/2001; 1959) suggested that meaning is continually generated, changed and maintained through social interaction. He argued that the self was also a product of social processes of interaction, rather than an unchanging and fixed entity. Mead differentiated between the subjective 'I' and the objective 'me' to emphasise that human beings are objects to themselves and their actions, writing that '...what occurs takes place not simply in [ones'] own mind, but rather that [ones'] mind is the expression in [ones'] own conduct of [a] social situation, [a] great co-operative community process which is going on' (1934/2001, p.224)

A SI stance suggests that it is an individual's ability to reflect on themselves as a social object which allows for the continuous co-construction of new interpretations and changing self-meaning, and which simultaneously co-constructs society. The important role that SI places on action, process, interaction and self-reflectivity is evident across all three GT permutations, and is central to many of the stages of GT data collection and subsequent analysis such as concurrent data generation and analysis, and memoing (Chamberlain-Salaun, Mills & Usher, 2013).

Despite these commonalities, SI also lies at the root of the ontological divide within the different permutations of GT, as it raises the question of whether we are discovering meaning in the world, or constructing meaning. From a theoretical perspective, the SI stance is strongly compatible with constructivist GT, as both emphasise a continual process of co-constructing meaning and subsequently 'creating discoveries' (Charmaz, 1990, p.1165). Due to the emphasis on meaning as socially generated, SI advocates a research approach which attends to process, rather than assuming structure (Bryant & Charmaz, 2007). Subsequently, theory generated from research is viewed as an interpretation of meaning which has been constructed within a particular position in space and time (Bryant & Charmaz, 2007) and

which can therefore only ever tentatively inform theory. This places the researcher more centrally within the entire research process, and depicts them as both an observer and constructor of meaning. In relation to the current research, a SI stance provides scope for exploring not only the processes relating to the emergence of significant moments in the therapeutic relationship (and the subsequent impact of them), but also the explicit and implicit (taken for granted) meanings underlying these processes. Furthermore, it conforms to the current research's conceptualisation of relational depth as a description that is open to subsequent development through a process of conceptual encounter (de Rivera, 1981) and self-reflection.

### **3.7 Rationale for Constructivist Grounded Theory**

Constructivist GT was selected as the most appropriate methodology for the current research objectives for a number of reasons. Firstly, it was felt that the approach complemented the epistemological and ontological underpinnings of the research, drawing some resemblance to de Rivera's (1981) conceptual encounter framework of inquiry which resonated with my approach towards exploring the concept of relational depth in the initial stage of the research. It was felt that constructivist GT, with its symbolic interactionist underpinnings, provided scope for both the incorporation of my own ideas and the subsequent 'tuning' of them in line with what emerged from the research process.

Secondly, the constructivist GT approach affords researchers greater flexibility in adapting their interview schedule in line with what they see to be emerging over the course of data collection (Charmaz, 2014), allowing the interview questions and ultimately the research topic to authentically evolve from the data itself, and to allow the data to lead the analysis in new and interesting directions. It was felt that this was important in developing an understanding of how young clients conceptualised relational aspects of their counselling, and by extension, significant relational moments/events that emerged in the context of that

ongoing therapeutic relationship. This was particularly important given participants were being provided with a tentative description of a phenomenon to explore and adapt, thus making the co-constructed nature of the data more explicit. Considering I did not know at the outset whether participants would be able to identify relational moments in line with the description of relational depth offered, having the flexibility to change or remove questions to facilitate exploration felt important.

Thirdly, the current study aimed to answer a call for research exploring therapeutic processes (e.g., McArthur et al., 2016). Whilst phenomenological in nature, the study aimed to contextualise self-defined significant relational moments/events within the ongoing therapeutic relationship, marking the first attempt to understand more about young clients' *relational* change processes from their perspective, and to map these in a tentative framework which counselling psychologists and other therapeutic practitioners could use to deepen their understanding and enhance their own practices.

Lastly, it is worth noting the attractive practical aspects of the approach. In terms of practical feasibility, constructivist GT is more sympathetic to the demands of the current research landscape, in which researchers applying for funding and ethical approval for their projects need to produce research proposals which rationalise their chosen project in the context of existing research (Chenitz, 1986; Ramalho et al., 2015). Furthermore, expected recruitment difficulties meant that obtaining a highly homogenous sample was unlikely to happen, and as such an approach which encouraged heterogeneity was preferable.

## Chapter 4

### Method

#### 4.1 Participants

Participants consisted of five females and three males from across four schools and a community-based counselling service in England and Scotland. Two participants were 13 years old, one was 14 years old, and five were 15 years old. Participants identified their ethnicities as follows: White British  $n=6$  (English  $n=4$ ; Scottish  $n=2$ ), Greek Cypriot  $n=1$ , White English and Irish  $n=1$ , Mixed (White other and Black British)  $n=1$ . One participant was home-schooled and seven attended school. Variations in the length of time participants had seen their current counsellor ranged from between two months (six sessions) to 18 months, with half of the participants having seen their current counsellor for one year or longer. Five participants reported having had previous counselling experience, of varying length. Six participants were referred to their current counsellor by a teacher, one by their GP, and one by a parent. All participants were still receiving counselling at the time of the interview.

Table 1 outlines the demographic information provided by participants prior to the interview. Pseudonyms have been used throughout this report to protect participant confidentiality.

<sup>3</sup>Table 1. Participant demographic information

Participant	Age	Gender	Ethnicity	SBC/CBC	Counsellor's therapeutic orientation	Time seeing current counsellor	Pro co
A	15	Female	White British	School	Psychodynamic	12 sessions	1 y
B	14	Male	White British	School	Psychodynamic	1 year	12
C	15	Female	White British	School	Psychodynamic	18 months	Sho uns
D	15	Female	White British	Community	Humanistic/ Person-centred	6 sessions	2 m
E	15	Female	Greek Cypriot	School	Integrative (psychodynamic and person-centred)	1 year	N/A
F	13	Female	Mixed (White English and Irish)	Community	Humanistic/ Person-centred	1 year	N/A
G	13	Male	Mixed (White and Black African)	Community	Humanistic/ Person-centred	9 months	N/A
H	15	Male	White British	School	Humanistic/Person-centred	25 sessions	4 m

## 4.2 Sampling

**4.2.1 Recruitment.** Initially, this research hoped to recruit 10-12 participants in school-based (and later, community-based) settings. Given the age range of the target participant group, it was acknowledged that recruitment would require the involvement of counsellors, counselling service managers and pastoral care staff (hereby referred to as 'recruiters'). Participant suitability for inclusion in the study was thus ultimately determined by the recruiter.

<sup>3</sup> For the purposes of this table, letters rather than pseudonyms have been used to protect participant confidentiality. Pseudonyms have been used for the analysis.

The inclusion criteria for the study specified that participants must:

- Be aged 13-15
- Have attended at least four counselling sessions with their current counsellor
- Be engaged in counselling at the time of interview, or if not, to have completed counselling in the six week period prior to the interview
- Not have recently expressed any thoughts of self-harm or suicidal ideation
- Be willing and able to obtain parental/guardian consent prior to participation

In line with the requirements of the University of Roehampton Ethics Board, only counselling services which already required young people to obtain parental consent in order to access the service were approached for recruitment purposes. This requirement excluded five schools who had expressed an interest in participating.

The first stage of recruitment involved contacting Place2Be<sup>4</sup>, the UK's leading national children's mental health charity delivering counselling services in primary and secondary schools across the country. An information form providing details of the research project was forwarded onto all secondary school project managers (SPMs) by the Place2Be Head of Evaluation, and a recruitment presentation was arranged as part of a Place2Be training day for secondary school SPMs. Alongside this, the same recruitment email was sent to a representative of the Children and Young people Practice-Research Network division of the BACP (CYP-PRN), who subsequently forwarded this to division members who had expressed interest in the research at a recent networking event. An abbreviated recruitment notice was also uploaded onto the BACP research noticeboard for a period of two months. Neither of these recruitment ventures yielded any responses.

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<sup>4</sup> Appendix 1

Alongside this, a list of secondary schools across local London boroughs was compiled through an online search. School websites which generated a search match for the terms ‘counsellor’, ‘counselling’, or ‘psychology’ were contacted first. Seventy-three schools were contacted directly, as well as an additional two county councils overseeing counselling provision in schools, and community-based services offering counselling to young people in their schools. Contact was made by telephone or email. Due to low response rates, the decision was made to expand the search to include community-based counselling services and private child and adolescence psychotherapists. Fifty-one services were contacted by telephone and email<sup>5</sup>.

*Table 2: Breakdown of response rates across services contacted*

Organisation	Contact method	No. contacted	Expressed interest
Place2Be	Email and presentation to SPMs	27	2
CYP-PRN	Networking event and email	7	0
BACP	Email and advertisement message board	All BACP members	0
School-based counselling search (excl. Place2Be)	Email and telephone	75	9
Community-based counselling search	Email and telephone	51	9

Counselling services who expressed interest in the research project were sent an information sheet by email to provide more details about the research<sup>6</sup>. Different versions of

<sup>5</sup> Appendices 1,2,3

<sup>6</sup> Appendices 4,5,6

these forms were sent depending on whether the counsellor was school or community-based. Of the 20 services who expressed an interest in participating, only five met the inclusion criteria.

**4.2.2 Counsellor orientation.** The inclusion criteria did not specify that counsellors should practice according to a particular therapeutic orientation, but information sheets did specify that they should be offering ‘one-to-one counselling of a relational nature’. Given the current research aimed to explore the therapeutic relationship—identified as a common factor common across therapeutic orientations—this description in the information sheets was intended to provide scope for counsellors to come forward on the basis that they considered the *relational* aspects of counselling to be a central and defining part of their work. Five of the counsellors were female, and one was male. Four were educated to postgraduate diploma level, and one to Masters level, with one counsellor still in training for a Masters level qualification at the time of the interview. Counsellors identified their primary therapeutic orientations as follows: humanistic/person-centred  $n=3$ , psychodynamic  $n=2$ , integrative (psychodynamic and person-centred)  $n=1$ . One counsellor was also a qualified art therapist, and incorporated this into their therapeutic work. Both counsellors at the community-based service identified as humanistic/person-centred.

### 4.3 Materials

**4.3.1 Information.** Information sheets were provided for counselling service managers<sup>7</sup>, parents/ guardians<sup>8</sup>, young people<sup>9</sup> and (where relevant) head-teachers<sup>10</sup>.

Information sheets provided an outline of the project and research procedure, inclusion criteria, the demands of participation, consent requirements, confidentiality and data storage

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<sup>7</sup> Appendix 6a

<sup>8</sup> Appendix 10

<sup>9</sup> Appendix 8a

<sup>10</sup> Appendix 5



procedures. In line with Kirk's (2007) guidelines for good practice, the limits to confidentiality and procedures for dealing with any safeguarding disclosures that might emerge were made explicit.

**4.3.2 Consent forms.** In the first instance, consent forms<sup>11</sup> were sent to recruiters to be distributed to the relevant adults involved in the young person's care.

**4.3.2.2 Parental/guardian consent.** Originally, a multifaceted approach to obtaining parental/guardian (hereby parental) consent was considered the most appropriate approach for this research, as it would mean that parental consent would be obtained in the manner by which the service was run, and in line with the existing policies of the service. In other words, services requiring that a parent consent to their child accessing counselling would also need to provide opt-in parental consent before the young person could participate in the current research, whilst services not requiring a parent to consent prior to a child accessing counselling would not need to approach parents for consent. It was felt that this approach would not deny young people already deemed to have the capacity to seek counselling interventions without their parents' knowledge the opportunity to take part in the research (Harden, Scott, Backett-Milburn & Jackson, 2000). This was rejected by the University of Roehampton Ethics Committee, in favour of an opt-in parental consent approach. In line with this, services which did not already obtain parental consent before a young person could access their services were excluded from the recruitment process. It was felt that obtaining consent at multiple levels provided many opportunities for those involved in the care of the young person to express any concerns they might have about their participation prior to the study, but perhaps had the unfortunate consequence of excluding some young people from expressing their views about a psychological intervention they were already in receipt of.

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<sup>11</sup> Appendices 7, 11

*4.3.2.3 Participant consent.* Consent was obtained from young people prior to the interview. Following introductions, the research project was verbally summarised and a description of the interview procedure provided. This information was summarised in a consent form<sup>12</sup>, which reiterated the main points of the information sheet in a format which required young people to indicate their agreement after every statement. It was felt that this would better aide understanding, and provide more opportunity for young people to identify any questions or concerns they might have prior to the commencement of the interview.

*4.3.3 Demographic information and counselling history.* Once consent had been obtained, participants were asked to fill out two forms detailing their demographic details<sup>13</sup>, and counselling history<sup>14</sup>. Participants who had been in counselling for longer periods of time preferred identifying the length of time they had been in counselling, rather than number of sessions.

#### **4.4 Ethical considerations**

The continued consideration of ethical implications in research is an important part of any research endeavour from the outset (Rosenthal, 1994). This research project was approved by the University of Roehampton Ethics Committee. Safeguarding young people from any potential harm that might occur as a result of the research process was of paramount importance throughout the design of the research questions, and subsequent interview process. Despite the intimate nature of the research topic, the research was not expected to pose any harm to participants. None of the participants reported experiencing distress at any stage of the research process.

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<sup>12</sup> Appendix 9

<sup>13</sup> Appendix 12a

<sup>14</sup> Appendix 12b

**4.4.1 Interview process.** Given the enhanced power differential involved in research with children and adolescents (Punch, 2002), it felt important to remain aware of how this might express itself in the interview process and how these effects might be moderated. Kirk (2007) provides guidelines for ethical data collection which involve providing participants with maximum opportunities to express their views, checking on their willingness to participate at various points both explicitly and through attending to non-verbal cues, and making it clear that audio recording can be stopped at any time. In addition to this, I feel that my ongoing role as a school-based counsellor has helped me developed a better awareness of the ethical challenges of working with young people, and equipped me with the necessary skills to be open and curious about their experiences, but also to know how to work within my professional competence, and when to seek help or consult with supervisors or other relevant professionals.

#### **4.4.2 Data protection.**

**4.4.2.1 Confidentiality.** Subject to the 1998 Data Protection Act, information obtained from and about a participant during research was considered confidential unless otherwise agreed in advance. Whilst young people participating in research projects should, as far as possible, be provided with the same degree of protection as adult participants when it comes to the confidentiality and data anonymity, it was acknowledged that should a child protection issue arise during data collection, the researcher's duty of care must override confidentiality obligations (Shaw, Brady & Davey, 2011). Prior to the interview, participants were informed (in writing and verbally) that in the event of a safeguarding concern, information might need to be shared with other agencies in line with the protocol of their counselling service. Participants would be informed of this, except in exceptional circumstances where it would be deemed to put them at greater risk. During transcription, all identifying details were removed from transcripts and, where relevant, replaced with pseudonyms. Some additional

details were changed to further disguise the identity of participants, where this was deemed not to influence the meaning of the transcript.

*4.4.2.2 Data storage.* Data was stored in accordance with the 1998 Data Protection Act and the protocols for data storage<sup>15</sup> of the University of Roehampton Centre for Research in Social and Psychological Transformation (CREST). Participants were allocated an identifier code which corresponded to their consent form, demographic questionnaire, counselling history form, and transcript. Identifier codes and corresponding participant details were stored separately on a password-protected computer accessible only to the researcher. Audio-data was kept on a dictaphone and stored in a locked draw accessible only to the researcher.

*4.4.2.3 Right to withdraw.* Participants were informed in writing and verbally that participation was voluntary, and that they could withdraw from the study at any point prior to the point of analysis without this affecting any subsequent counselling they received. Participants were aware that in the event of withdrawal, all data including audio-recordings would be destroyed and the data would not be used in the report or any subsequent publications. It has been suggested that certain participant groups, including young people, are reluctant in requesting to be withdrawn from research studies (Alderson & Morrow, 2011). This situation might occur as a result of particularly pronounced power imbalances perceived in the adult researcher-young participant research dyad, or the young persons' lack of understanding or awareness regarding their right to withdraw. Therefore, it was important to remain vigilant to participants' unspoken indications of a reluctance to commence or continue participating in the study e.g., signs of disinterest (Rodgers, 1999), not keeping their appointment (without providing a reason), or distress. In such an instance, it would be the researcher's ethical responsibility to withdraw the participant from the study.

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<sup>15</sup> Appendix 17

## 4.5 Procedure

In line with a constructivist GT approach (Charmaz, 2014) the research followed the following stages in the collection and subsequent analysis of data:

- Data collection
- Immersion in the data
- Initial coding
- Memo writing
- Focused coding
- Developing and refining categories
- Theoretical coding

Rather than following a linear structure, these stages are better conceptualised as occurring alongside one another (Birks & Mills, 2011). Indeed, data collection and data analysis overlapped, providing an opportunity for the interview schedule to be refined and adapted in accordance with what participants were saying.

**4.5.1 Data collection procedure.** Prior to the interview, participants were asked to provide some demographic details <sup>16</sup> and to provide some information about their counselling history.<sup>17</sup> This did not require participants to provide any information regarding the content of their counselling sessions. Subsequent interviews were audio-recorded and transcribed following each interview.

**4.5.2 Interview procedure.** Recruiters were responsible for organising a space and a time for the interview to take place. Interviews were held within the premises of the

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<sup>16</sup> Appendix 12a

<sup>17</sup> Appendix 12b

counselling service, during the school or service's working hours. Interviews were open-ended, but in reality were constrained by room availability and the school timetable or demands of the counselling service. Each participant was interviewed using a semi-structured format, and first asked about their experiences of the therapeutic relationship. It was anticipated that participants might find the term 'therapeutic relationship' confusing, unfamiliar or clinical, and it was therefore replaced with the phrase 'your relationship with your counsellor'. The interview schedule acted as a guide, which could be amended in line with what participants brought to the interview.

*4.5.2.1 Semi-structured format.* The interviews adopted a semi-structured format, allowing the researcher greater flexibility to follow participants' thoughts, and scope to expand on any aspects of a participants' experience or to check for accuracy of understanding. Having some structure to the interview enables the researcher to gently and respectfully move the conversation back towards the research aims through prompts (Birks & Mills, 2011). Participants were encouraged to expand upon questions and to make suggestions for questions they felt were important to ask, in line with Willig's (2013) suggestion that research interviews should teach us what we should be asking as researchers.

*4.5.2.2 Initial interview schedule.* The initial interview schedule<sup>18</sup> included the description of a moment of relational depth which had been adapted for the purposes of the research. The first two questions related to the therapeutic relationship, and were intended to orient participants towards a consideration of the relational aspects of being with their counsellor. Participants were then presented with the description of a moment of relational depth, which with the help of my supervisory team had been developed from the original Mearns & Cooper (2005) description for the purposes of this research:

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<sup>18</sup> Appendix 13a

*‘Could you tell me about a time when you felt really close to your counsellor, and could really be yourself with them?’*

Participants were asked to describe any experiences that this description brought to mind. Participants were reminded that their experiences may have varied from this description, and that there were no wrong answers. Similarly to Knox (2011), follow on questions to deepen the exploration of any moments of relational depth focused on the experience of the moment, any factors perceived to facilitate the emergence of the moment, and any perceived effects that the moment had.

In line with a constructivist GT which permits flexibility in altering the focus of interview schedules to facilitate and reflect emergent theory in the data (Charmaz, 2014), it was expected that the initial interview schedule might change in line with the data that emerged. In particular, it felt important to establish the impact that the description of relational depth had on participants’ process of reflection. Considering the inclusion of a description of a relationally deep moment, I was aware that the questions I was asking might not be relevant to the participant group I was interviewing, or that they might need to be asked in a different way (Willig, 2013). It was felt that this was a particularly important consideration when working with young people, as the existing researcher-participant power imbalance inherent in any research endeavour can be expected to become even more enhanced with this population (e.g., Morrow & Richards, 1996; Punch, 2002; Harden et al., 2000; Zeldin, Camino & Mook, 2004; Kirk, 2007). It was felt that amending the initial interview adhered with Kirk’s (2007) suggestion that researchers should take the necessary measures to minimise any detrimental effects of the research power imbalance, and ensure that data collection is both meaningful and ethical.

4.5.2.3 *Adapting the interview schedule.* In line with the emerging data, the interview schedule<sup>19</sup> and information sheets<sup>20</sup> were reviewed and re-submitted to the Ethics Board in accordance with the finding that all three participants who had been presented with the adapted description of a relationally deep moment struggled to conceptualise of such moments in their own experience. Furthermore, it was felt that the description did not serve to clarify or ‘anchor’ any of the participants’ experiences; conversely, all three young people struggled to identify any examples of such an experience based on the description, and during the debrief session shared with me that they had found the question confusing. At this point, it became necessary to diverge from the interview schedule in order to find a way of exploring relational moments which participants were able to connect with. It was noticeable that participants appeared more comfortable *first* identifying significant events from their counselling, and during the interview process considering what processes were taking place within the therapeutic relationship during this event.

A central observation was that participants were able to reflect on the therapeutic relationship as a process of change (‘at the beginning... and now...’), and used concrete examples to construct ‘timelines’ of change. Within these timelines, particular events were identified as being significant to the development of the relationship. Some participants identified multiple change events, but only identified particular ones as significant. In line with a constructivist GT approach, the interview schedule was adapted to allow greater scope for participants to identify their own change ‘anchor’ experiences—significant events which helped them consider changes in their counselling, and from which they were better able to home in on and consider what was happening from a relational perspective. The word ‘important’ replaced ‘significant’, as it was felt that this would be more accessible to

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<sup>19</sup> Appendix 13b

<sup>20</sup> Appendix 6b, 8b



participants. Participants were asked to reflect on and identify significant moments or events that they had experienced within the therapeutic relationship through the following question:

*‘Can you tell me about any important moment(s) or event(s) in your relationship with your counsellor?’*

This drew some parallels with the Bedi et al. (2005b) study which asked participants to identify and rate critical incidents which impacted on the formation and development of the therapeutic relationship.

*4.5.2.4. Debrief.* A debrief<sup>21</sup> session following the interview invited participants to discuss any thoughts, feelings or concerns that might have arisen during the interview. No adverse effects were reported, and six participants described the interview process as having been a positive and thought-provoking experience.

## **4.6 Data Analysis**

In line with the research objectives, two analyses were conducted. The first analysis generated categories relating to the development of the therapeutic relationship, and the second analysis generated categories relating to the significant relational events identified by participants.

Data analysis occurred alongside data collection, in line with a constructivist GT approach, and is summarised in the following section.

***4.6.1 Immersion in the data.*** Data immersion involved listening to the audio-recorded interviews multiple times, and personally transcribing them. Through this process, I was better placed to consider participant meaning in terms of content (what they were saying) and

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<sup>21</sup> Appendix 14

process (how they were saying it and what they were doing with their speech). Attending to tone, volume, emphasis and pacing all contributed towards developing a deeper understanding of what the participant was trying to communicate, and served to remind me of observations and thoughts I had had during the interview process. Throughout the coding process, audio recordings were revisited as a way of re-familiarising myself with participants' stories at a more 'immersed' level.

**4.6.2 Initial coding.** The first coding stage following transcription is initial coding. Initial coding stays close to the data, and provides a first insight into the actions and processes participants are describing. Charmaz (2014) suggests that initial coding should emphasise action and process to avoid the researcher making 'conceptual leaps' (p.48) based on their expectations. Initial coding followed the line-by-line approach (Glaser, 1978), which encourages the coder to stay close to the data and allow meaning to emerge from it. Charmaz (2014) suggests that this approach also encourages coders to stay analytically and critically engaged with the data, and to ask themselves questions about what is emerging.

**4.6.3 Memo writing.** In line with the symbolic interactionist underpinnings of the constructivist GT approach which encourage researcher self-reflectivity in data analysis, memo writing is a process which extends throughout the data collection, analysis, and subsequent write up stages of the research endeavour. Memo writing encourages a researcher to become analytically engaged in the data, and to ask questions of it. Charmaz (2014) describes memo writing as a way of 'conversing with yourself' (p.72) to allow new ideas and insights to emerge at increasingly higher levels of abstraction and depth. By tracking patterns and processes as they occur, memo writing provides a conceptual map of ones' analytic process and allows space to highlight and incorporate ones' own ideas in the building of theoretical codes (Charmaz, 2014). Memoing started at the transcription stage, contributing towards the process of continuous comparison between datasets and initial codes. Memo

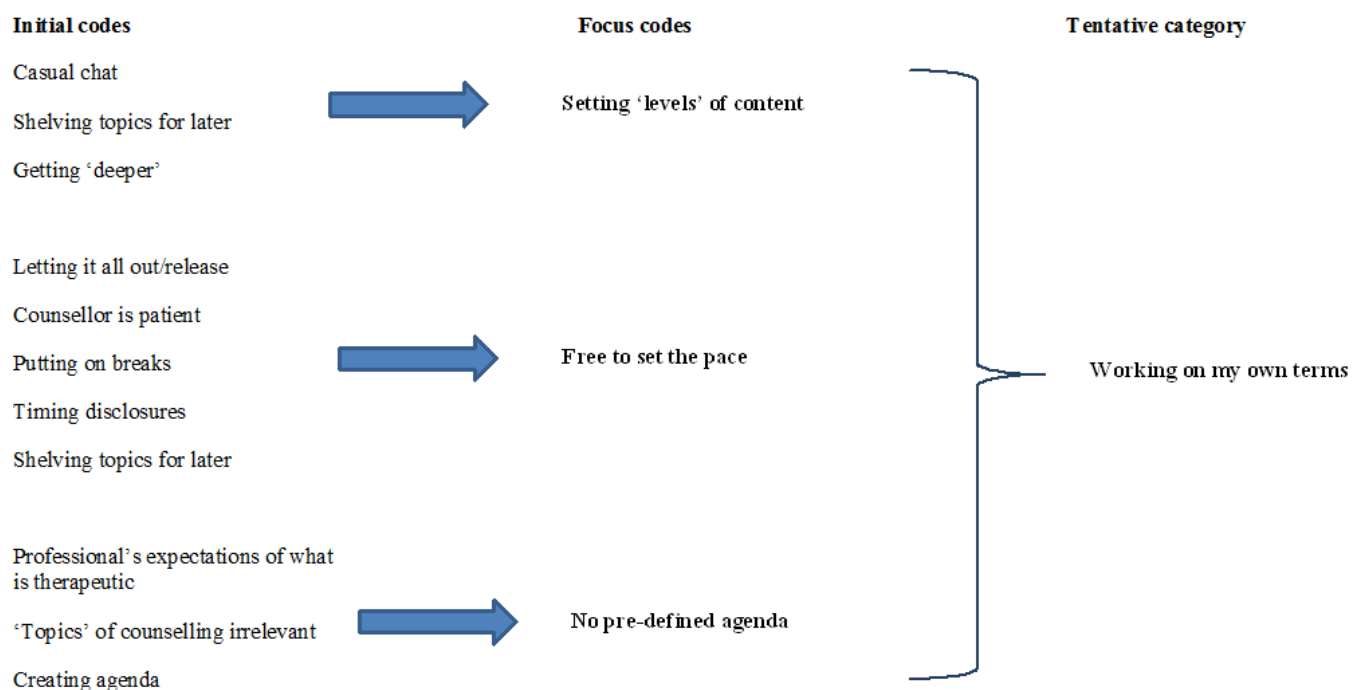
writing during the pilot stage permitted an internal dialogue which encouraged me to consider the extent to which relational aspects of significant events were central to the experience and stored at the forefront of the experience, or perhaps more peripheral to the experience.

**4.6.4 Focused coding.** Focused coding expands on the initial coding stage by identifying the most significant or frequent initial codes. This stage is ‘more directive, selective and conceptual’ (Charmaz, 2014, p.57), raising initial codes to a conceptual level and providing a tentative explanation of the phenomenon being explored. Raising codes to a conceptual level serves to further emphasise the co-constructed nature of the meaning created, as layers of co-constructed meaning converge to create new meanings. This stage is necessarily constructivist, in that the researcher filters the initial codes in line with those aspects of the data that are more salient on the basis of meaning or frequency. This process of refining the data in line with emerging themes proved challenging, as it required me to take a more explicit role in the generation of codes which best captured the character of the initial codes.

**4.6.5 Forming and refining categories.** Focused codes were raised to form tentative categories through a process of grouping, comparing, merging and omitting. Categories were given tentative category names to fit the action or process they described, sometimes drawing on in-vivo quotes from transcripts which more accurately captured the meaning of the category. During this process, transcripts were re-read to determine the level of fit between categories and the data, and amendments were made accordingly. For example, while capturing the pragmatic and task-oriented nature of the therapeutic relationship which participants described, the tentative category name ‘Counsellor’s active contribution’ was eventually replaced because it did not capture the co-constructed nature with which participants spoke about the pragmatic aspects of their counselling. It was felt that the category name ‘The ‘doing’ of counselling’ better captured the active and mutual effort of

setting the scene for counselling to happen, whilst still emphasising the pragmatic facets emerging from participants' descriptions. An example of the process of raising initial codes to focused codes and into categories is shown in Figure 1.

*Figure 1: Data analysis from initial coding to the formation of a tentative category*



**4.6.6 Theoretical coding.** Theoretical coding is the final stage of a constructivist GT analysis, and aims to specify potential relationships between categories and associated sub-categories in order to hypothesise a theory from the unfolding story of the data (Glaser, 1978; Charmaz, 2014). Identifying a theoretical 'thread' involves making comparisons between datasets, to establish commonalities and differences between categories in order to better understand the story they tell about the data. Diagramming was utilised in order to form a visual representation of the relationships forming between categories and sub-categories (Mills et al., 2006), providing a clearer overview of the data.

## Chapter 5

### Analysis

This chapter explains how a constructivist GT approach was used to develop a tentative theoretical framework for how young clients experienced the therapeutic relationship to have developed and changed over the course of their counselling, and the role that significant relational events had in this process. The first section will present the results from the first stage of the analysis, exploring the three principle categories in more detail and providing a conceptual map of the changing therapeutic relationship as derived from across all eight participant accounts. The second section will present the results from the second analysis on participants' self-identified significant relational events, contextualising them within the overarching theoretical framework of change in the therapeutic relationship (as derived in the first analysis). Pseudonyms are used throughout the analysis to protect participant confidentiality, and some identifying features have been removed or changed where this was felt to be appropriate. In line with a constructivist grounded theory approach, it is acknowledged that the results presented in this section were co-authored, and represent the subjective experience of the researcher within a particular point in time. Furthermore, it is important to note that the ideas highlighted and expanded upon in this analysis represent those aspects of the interviews which appeared more salient to the researcher, reflecting particular interest points.

#### 5.1 Reflexive statement

In line with a constructivist methodology, it is important to consider the ways in which the researcher's life experiences and personal interests position them in relation to the research and the data (Ahern, 1999). In considering this, I reflected on my own reasons for choosing this research topic, and how these might influence the analysis process. Having worked as a school-based counsellor for five years, I am aware that I am not only interested

in improving therapeutic practice from the position of a practitioner, but also in contributing towards the recent drive towards improving access to school-based counselling at a governmental level. I considered to what extent the latter would compromise my ability to highlight any negative reflections participants made about their counselling experience, and the tensions this could create between on the one hand listening to personal accounts in order to improve practice, and on the other hand presenting counselling as a positive and helpful intervention.

Secondly, I am aware that my interest in the phenomenon of relational depth has arisen from my own personal experiences in the therapeutic space, which has informed my choice of research, reading of the literature, and development of research questions. Due to this, it might be expected that when analysing the data, those aspects of the relational experiences which resonate with accounts of relational depth might be more salient to me.

## 5.2 Summary of findings

The analysis is presented in two sections: The development of the therapeutic relationship, and significant relational events.

**5.2.1 *The development of the therapeutic relationship.*** Participants' described their experiences of the therapeutic relationship through an exploration of the process by which it changed over time. Their accounts appeared to describe this relational change process in terms of three main categories, portrayed diagrammatically in Figure 2:

- The 'doing' of counselling (Category 1)
- 'More myself': Freedom to be authentic (Category 2)
- Developing a felt-sense of a real relationship (Category 3)

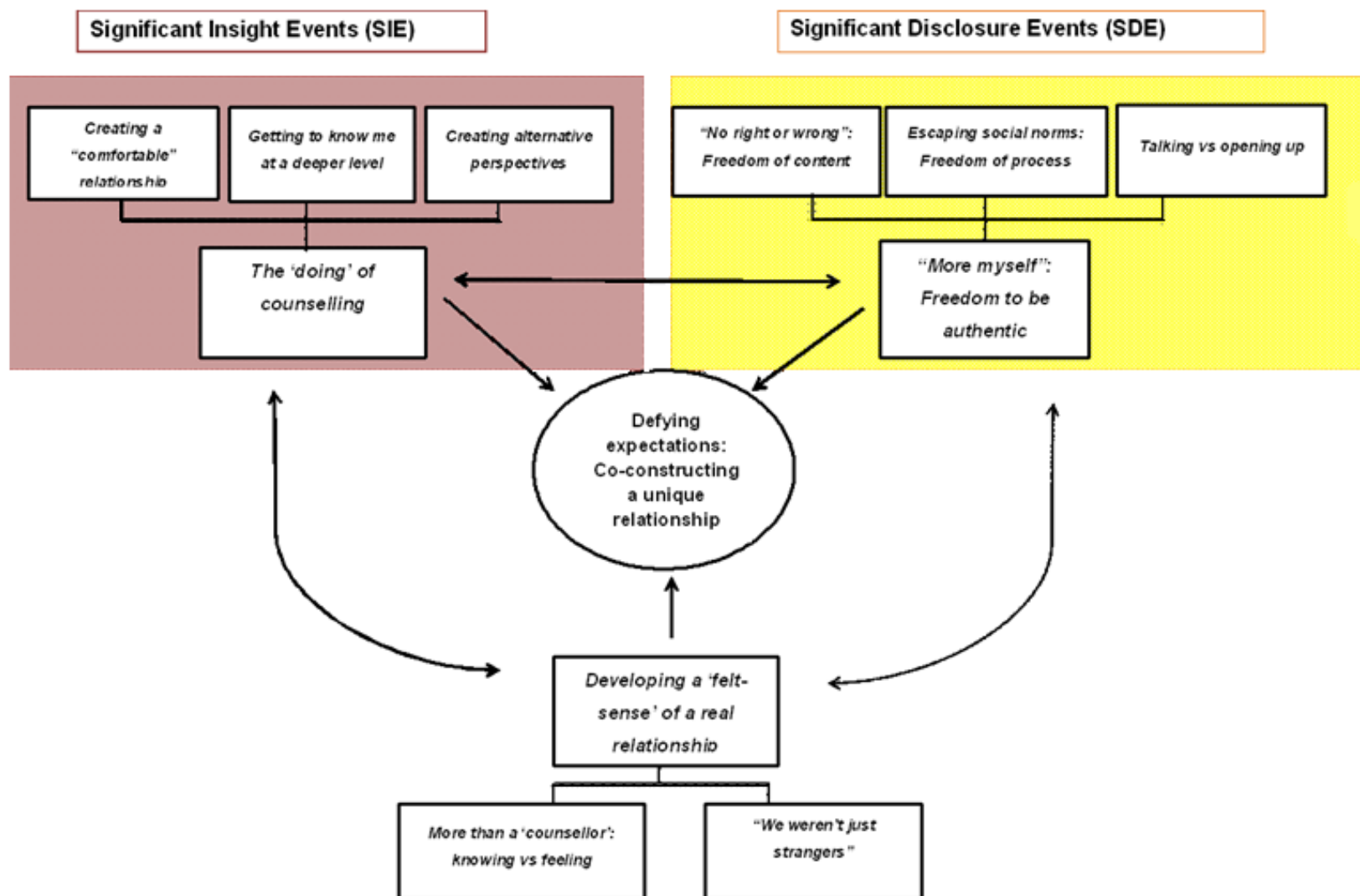
Whilst each category emphasised a particular aspect of the therapeutic relationship that came through participant descriptions, during the analysis it emerged that the categories were closely and inherently interlinked, forming and developing through the mutual interplay of both members of the therapeutic dyad within the therapeutic space. This functioned as a conceptual map from which it was possible to explore participant-identified significant relational moments in the context of the developing therapeutic relationship (Figure 2).

**5.2.2 Significant relational events.** Given that participants were better able to self-identifying concrete events which constituted of a series of occurrences, it was felt that the word ‘event’ was more appropriate than ‘moment’. All participants could identify at least one significant relational event since starting counselling. All significant relational events identified described *helpful events* which had changed something in the counselling relationship. Analysis of significant relational events revealed the occurrence of two *distinct relational processes*, portrayed diagrammatically in Figures 3 and 4:

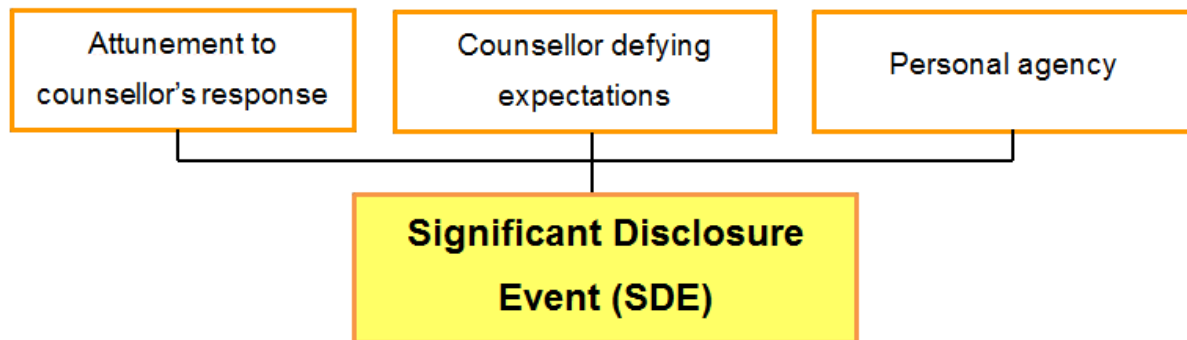
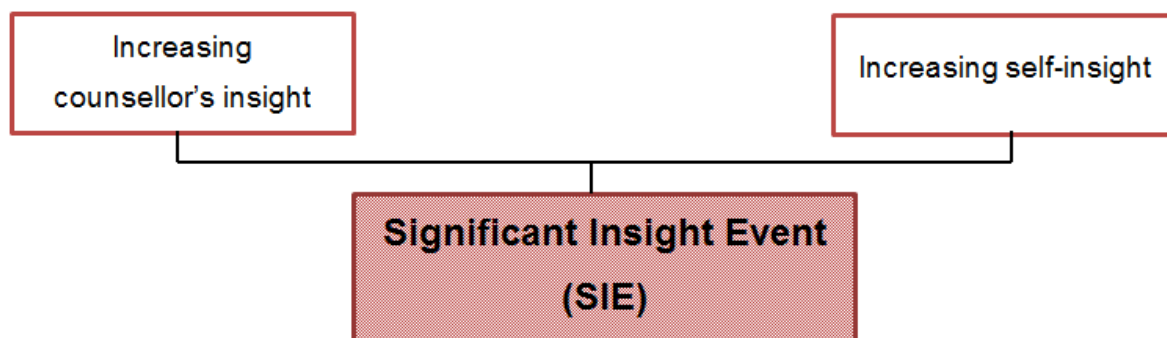
- Significant Disclosure Events (SDE)
- Significant Insight Events (SIE)

Significant relational events as contextualised within the developing therapeutic relationship are represented diagrammatically in Figure 2.

Figure 2. Significant Relational Events identified in the context of the developing therapeutic relationship





*Figure 3. Significant Disclosure Events**Figure 4. Significant Insight Event*

### 5.3 Co-constructing a unique therapeutic relationship which defied expectations: Three categories

The three principal categories describing the process of development and change in the therapeutic relationship took form during the initial coding process and came to provide the best overarching account of the data obtained from participants (Charmaz, 2014).

Participants reflected on their experiences of the therapeutic relationship by reflecting on the process by which it developed and changed, and what this meant to them, using concrete 'anchor' examples of events that took place to better contextualise their accounts. The categories reflect these processes over the course of their counselling. Figure 2 demonstrates

the cyclical, interlinking nature of the categories, which should be considered components of an ongoing and dynamic process of change. A summary of the findings from the first analysis is provided in table 3, which demonstrates how the ‘doing’ and ‘being’ elements of the therapeutic relationship come together, and how ‘being’ with the counsellor introduced a new way of doing the therapeutic relationship.

**5.3.1 Category 1: The ‘doing’ of counselling.** This category describes participants’ sense of the work of counselling being done, corresponding with the setting of goals and tasks described by Bordin (1979) in his delineation of the therapeutic alliance. The ‘doing’ of counselling contributed towards the development of the therapeutic relationship because it proved useful to participants—either by setting the scene for counselling to ‘happen’, or by demonstrating how counselling was a helpful intervention— often defying participants’ expectations in the process. Although the process of ‘doing’ counselling was depicted as a mutual effort, this category emphasises participants’ descriptions of how the counsellor’s personal traits and professional expertise contributed to their ability to actively contribute to the ‘doing’ of counselling; participants’ contributions were more often depicted as providing a platform for the counsellor to act. This category is explored in terms of three subcategories: creating a ‘comfortable’ relationship; getting to know me at a deeper level; and creating alternative perspectives.

**5.3.1.1 Sub-category 1: Creating a ‘comfortable’ relationship.** Across different accounts, participants often described the development of a relationship characterised by a strong sense of trust and familiarity with their counsellor, and emphasised the importance of feeling comfortable in order to be able to ‘open up’ and thus fulfil their role in the interaction (see Category 2). It seemed that creating a comfortable relationship was, to varying degrees, depicted as co-constructed, with some participants placing more emphasis on their or their counsellor’s respective role in the *active* creation of a comfortable environment. Feeling

comfortable was necessary for the ‘work’ of counselling to occur, as it provided a platform for participants to speak freely and in this way to contribute to the counselling. The directionality of the relationship between these variables will be explored further in Category 2. Some participants described the process of becoming more comfortable in terms of a shift from feeling ‘awkward’ towards feeling less awkward, something which it seemed was often measured in terms of how much participants were able to say and how significant what they said was:

‘I brought up something that like I’d never told anyone so it just goes to show how much the relationship’s changed over time cos I’ve never trusted anyone with it, and then, I trusted [counsellor]. (Carl, line 426-430)

Carl, Madeline, Annabelle and Ashley described their counsellor’s role in creating a comfortable and ‘happy environment’ (Carl, line 46), which they could then go on to ‘fill’ with their problems. These accounts appear to suggest a linear progression from the counsellor creating a comfortable environment and the participant feeling able to disclose, and places the responsibility of creating a comfortable setting in the counsellor’s hands, as shown by descriptions of the counsellor as ‘[putting] you at ease’ (Carl, line 102) and ‘[making] me feel like I could say anything’ (Annabelle, line 68-69).

Some participants described how the counsellor was able to create such an environment. For example, Madeline, who worked with a humanistic/ person-centred counsellor, emphasises her counsellor’s personal qualities as enabling her to move towards a position of trust where she felt comfortable being ‘open’:

*Madeline:* I just think I trust her a lot, um, so I think that I'm quite comfortable with her I can just be more open... I don't know, it sounds stupid, I get like a vibe, like she's a good person, and she wants to help.

*Researcher:* It doesn't sound stupid at all, a vibe is... how would you describe the vibe?

*Madeline:* Like, a positive energy, she's always happy.

(Madeline, line 246-255)

Similarly, Ashley (who worked with a counsellor who identified as humanistic/ person-centred) described how despite talking not coming naturally to him, he felt comfortable speaking to his counsellor because 'she seemed like a really nice person, and like I felt very comfortable talking to her, and I felt very comfortable being in the room, just talking to her face to face' (line 180-183).

Madeline and Ashley both suggest that who their counsellor was *as a person* (i.e. a 'good' or a 'nice' person) allowed them to feel comfortable enough to talk, thus jump-starting the counselling process. I understood Madeline's reference to a 'vibe' as implying that she somehow knew this about her counsellor at a felt, or sensed, level.

Whilst acknowledging their counsellor's active role in creating a comfortable relationship, other participants also seemed to describe the development of a comfortable and trusting relationship as a mutual effort in which they— to varying extents— played a role. In these descriptions, the co-constructed nature of a comfortable relationship is much more apparent, and is circular rather than linear; the comfortable relationship appears to be created through the counsellor's efforts *and* the participant's disclosures. Annabelle, who worked with a psychodynamic counsellor, provided an account which demonstrated a strong awareness of the tasks of counselling, and of why she was in counselling. This seemed to

enable her to actively work towards developing the right conditions to complete these tasks. She emphasised her own active role in the development of a trusting therapeutic relationship, describing a process of testing the counsellor by speaking about increasingly significant subjects so that she could gauge her counsellor's response at each stage:

In counselling, I always start with like little things and then, from them little things if I know, like, I can trust them and they're helping with the situation and that they didn't pass judgement on me or anything it then—it's like a build-up on- the next thing I tell them is more important to me (Annabelle, Line 298-304)

If satisfied that she had not been judged, Annabelle would go on to make bigger disclosures, with the eventual aim of disclosing 'the biggest events' that were most sensitive to her. Annabelle described being aware of this process, saying that it was 'something that automatically happens with me and I don't know why' (line 296-298). This suggests that despite her sense that she would inevitably trust her counsellor, Annabelle made the choice to actively accelerate this process by creating a platform for her counsellor to showcase their positive, caring, non-judgemental and helpful traits. Similarly, some participants described how their talking played a necessary role in developing a comfortable and trusting relationship. Nell, who worked with an integrative counsellor who combined psychodynamic and person-centred practice, describes how 'over time like the bond's got stronger like I did something from the first session, I did speak to her openly, like, like to trust her and everything' (line 53-56). Nell's reference to speaking in order 'to trust' her counsellor is

particularly interesting, as it emphasises her perception of the active part she played in the trust-building process.

*5.3.1.2 Sub-category 2: Getting to know me at a deeper level.* Four participants described how their counsellor came to know more about them by actively listening and storing information about them over time. This was described as a necessary feature of an effective counsellor, and a key part of their role. Rather than just gathering information, participants described having the sense that their counsellor was genuinely interested in listening, and learning about them. The value attributed to this seemed to vary across participants. Lisa, who worked with a psychodynamic counsellor, describes a dynamic process whereby her counsellor actively sought to understand her story in a different way to previous counsellors. She emphasises how this breaks up the monotony of counselling, introducing a new way to ‘do’ counselling which allows her to tell her story in a different way:

The counsellor I’ve had before isn’t like this. Cos like, the counselling I have with— each counsellor I had was, like, also different, but similar at the same time... the things they would ask me would be similar and the things that we’d do would be similar. With [current counsellor] it’s completely different each time I come in. Like she’ll always like, grab a piece of paper and a pencil and write everything and like draw stuff, like that’s always been the same but it’s been like, a difference each time... Just not repeating the same story over and over again (Lisa, line 458-473).

Carl, who was seen by a psychodynamic counsellor, described the process of his counsellor getting to know him at a deeper level through receiving information from external

means, reflecting his counsellor's systemic acquisition of information from different sources.

This was identified as a significant relational event:

When [counsellor] met with my dad, because like she seemed to understand, like, where I was coming from a lot more so I think— yeah, I think that was one. Another one was what— when—right, I go to CAMHS as well, hey ho, let's just throw in all these organisations I go to CAMHS as well and like, they diagnosed me with well, they were trying to diagnose me with Asperger's so they sent out everyone a form and I think that helped [counsellor] understand, and again where that was coming from. (Carl, line 130-139)

While the form from CAMHS provided the counsellor with insight and new knowledge, Carl also described how his counsellor *actively sought* to know more about him, taking an interest in his life by inviting his father in for a meeting. In addition to drawing on external resources, Carl describes how his counsellor got to know him in the counselling space by taking initiative and '[making] an effort'. This was also identified as a significant relational event:

I feel like we've become a lot closer then when we first met because obviously when we first met she didn't know me at all... and then like now, I feel we know each other quite well, like, she knows what annoys me she knows what pleases me, she knows, like um, makes me laugh and things

like that, she knows what I like... She's made an effort [to know] and she's made an effort to try and help me through things. (Carl, line 71-83)

Similarly to Carl, Jack (who was seen by a humanistic/person-centred counsellor) appears to emphasise the importance of his counsellor making an active effort to get to know him by taking an interest in his life. Jack highlights the salience of this experience by means of contrast, comparing it to a previous and very different experience of another counsellor:

I didn't trust [previous counsellor], no. And I think it was... it was just the—I think it was the way he kind of spoke, and the way he was sitting, he just seemed really disinterested and that kind of makes you feel uncomfortable if you're in a room with someone... you could, um, sit down with someone and they'd be like, "Oh how was your day?" and if they look in the opposite direction, you're kind of just like, "Well you don't really wanna know, do you?"... If they want to hear it, then you feel more comfortable. But if they don't, you're just like, "Oh, should I say anything? Or should I just, be quiet?" [laughs] kind of thing...you kinda feel like you're bothering them. Even though that's their job, to listen to you. (Jack, line 131-164)

Jack's perception of his current counsellor actively listening and wanting to know about his life communicates a heightened level of genuine care. Rather than dictating an appropriate course of action based on any personal agenda, Jack's counsellor provides him with the space to make his own decision, and expresses a wish to be alongside him in his decisions:



I think my counsellor said to me once—I was going over something, I can't remember exactly what it was—and she said, “OK, let me know how it goes”, and it was kind of encouraging, cos she wanted to know what had happened... she was kind of saying, “Well, that's up to you, do what you feel you want to do. Just let me know what happens, let me know what's-what's happened.”

(Jack, line 264-269)

Similarly to Jack, Ashley also used a process of comparison to speak about negative past experiences with adults in his life who had not been able to hear him properly. He then contrasted this with how it feels to be properly understood by his current counsellor:

The main thing that I was worried about, coming in-coming into counselling, before my first session is being heard because... I haven't had good—I haven't been in a position for me for people to hear me and stuff, so that was mainly one of my-one of my worries. (Ashley, line 820-826)

Ashley's reference to information being 'received properly' suggests an awareness of the counsellor's competency in accurately understanding what he was saying, and getting to know him on the basis of this accurate understanding:

*Ashley:* When I come in I feel just relaxed, when I come in. Yeah cos it's mainly because I know that, like, I can, I can, I can say what I wanna say, yeah. And it's something that will be received properly.

*Researcher:* OK. What do you mean received properly?

*Ashley:* Like, um, that it will be understood like in the way that I feel, in the way that I actually want it to be understood.

(Ashley, line 75-83)

This appears to have encouraged Ashley to express himself more, paving the way towards a more helpful intervention. Ashley describes how ‘It was kinda like, each piece of information that I gave, made our relationship better in terms of her- her knowledge of me and my knowledge of her’ (Ashley, line 557-599), emphasising how the acquisition of knowledge by both of them was perceived to strengthen the therapeutic relationship.

Noticeably, all of these accounts describe participants’ experiences of their counsellor learning more about them in terms of content; the counsellor hears about events that happened to them, or learns ‘facts’ about the participant (such as their likes and dislikes, or their diagnosis). Two participants also spoke about their counsellor getting to know them at a process level, by attending to their way of being in the room. Tammie, who worked with a humanistic/ person-centred counsellor, describes the way in which her counsellor tuned into her process of speaking about her anxiety as a way of developing a better understanding of this element of her experience:

I think she cared less about the events and more about wha-what I was saying and... kind of what I was saying and how I was acting while I was saying it and stuff, I don’t think—you know I said she was storing information, I don’t think she was like actually storing the information of like what I was saying...

I think she was more seeing, yeah, how I was acting and stuff. (Tammie, line 419-428)

Nell describes process-understanding in terms of her counsellor empathically tuning into Nell's experience, and explains her sense of her counsellor accurately tapping into what Nell was feeling at a process level:

You could tell she was paying attention, and like, she was really empathetic...

Like, she's, like, saying how she understands what I was feeling, and, it's really difficult to word! ... I think, you know when you look in someone's eyes and you can tell that-you can kind of feel their emotions. (Nell, line 250-265)

Nell's awareness of her counsellor actively paying attention to her emotional experience is experienced as meaningful, and establishes contact at a felt, empathic level. There is a sense of this experience being beyond words, and difficult to describe. These processual reflections feel particularly striking because they seem to acknowledge a relational engagement that although perhaps being based on language, also appears to extend beyond it.

*5.2.1.3 Sub-category 3: Creating alternative perspectives.* As well as feeling cared for and supported, some participants spoke in pragmatic terms about the value that their counsellor knowing more about them had in terms of enabling them to effectively do their job, by holding and processing information about the young person in order to provide alternative perspectives. Participants seemed to describe alternative perspectives in a variety of ways. While some participants spoke about the counsellor's expertise as enabling them to provide alternative perspective in the form of advice, other participants instead emphasised

their counsellor's *otherness* as helping them to co-construct new insights for themselves.

Tammie and Annabelle both experience their counsellor giving advice as positive and proactive, demonstrating their expertise:

*Tammie:* [Counsellor is] a bit wise and kind of, um... but kind of counselling and giving advice rather than like, discussing the actual things going on, thinking how can you make this better and stuff

*Researcher:* OK, so there's a kind of practical element to it?

*Tammie:* Yeah it's like, you know when you complain to someone about something, and um, and they just complain back and you kind of think that doesn't help, now I feel if I say something's wrong to [counsellor] she'll be like, "Oh, well how can you fix it?" or, "How do you think...", yeah.

(Tammie, line 182-192)

She was just constantly giving me, helping me feel better about the situation, reassuring me that everything turns out better and everything happens for a reason, and she's also given me advice about how to deal with the situation really helped for me. (Annabelle, line 114-119)

Three participants made reference to their counsellor's skill in being able to store and connect information over the course of the counselling, in order to provide them with the clarity and insight necessary to co-construct new perspectives. Across these accounts, the counsellor is depicted as a vessel, retaining various types of information about the participant to be recalled at the relevant time. Ashley and Tammie emphasise how the counsellor's

storing of information over time provided a containment which helped them to 'piece everything together' and interpret their ideas differently:

It gave a better understanding, it kinda helped, like, piece everything together in terms of, like... emotions to other people and like, and, you know that-that-that sort of stuff just-just things that I couldn't connect. Like, like, just things that I couldn't connect yeah, it was just-it was just a better understanding between me and the counsellor. (Ashley, line 543-549)

Ashley perceives his counsellor's ability to make connections as paving the way for a more complete and sophisticated insight into his problems. In other parts of his account, he emphasises the importance of the counsellor's otherness ("I get to hear it from other people") in providing a different vantage point from which to consider his problems, something which he would not be able to achieve by himself:

I mean I get to learn more stuff about myself because I get to, I get to hear it from- and people- I get to hear it from other people and, like, they know what I'm talking about, if you understand what I'm saying. So by productive I mean I learn more about myself. (Ashley, Line 24-29)

Later in the interview, Ashley elaborated on this further:

*Ashley:* It was kinda like, each piece of information that I gave, made our relationship better in terms of her- her knowledge of me and my knowledge of her

*Researcher:* What do you mean by your 'knowledge of her'?

*Ashley:* Like, how-how she felt about those certain things, so how she viewed those certain things, so it was kind of like, I got two- I got two points of view

*Researcher:* OK, so yours, yours and hers—

*Ashley:* – Yeah my point of view, and her point of view, so I got more than one.

(Ashley, line 557-563)

Ashley emphasises the co-constructed nature of the 'better understanding' which involves the acquisition of multiple perspectives—something he places as the central aim and primary purpose of counselling. He describes how this exchange of information was experienced as making the therapeutic relationship 'better' as the counselling became more useful. Similarly to Ashley, Carl describes how the 'give and take' nature of the interaction involves him providing information which the counsellor then considers from a different perspective:

I get- a give and take relationship like, [counsellor's] there for like, you to tell whatever you want but you don't have to it's like... yeah so it's kinda like give and take and then she'll give you her opinion on what's happening. (Carl, line 5-9)

This account emphasises the respective roles in fairly pragmatic terms, which emphasise the 'doing' of counselling through the exchange of alternative meanings across two perspectives. Madeline also appeared to describe a similar process by which new perspectives emerged through dialogue with her counsellor. However, rather than the

counsellor presenting Madeline with her own perspectives (from her position of otherness), the different range of questions the counsellor asked enabled Madeline to *generate new perspectives for herself*, challenging her own assumptions and allowing new options to unfold:

Being asked to expand on it and like say how I felt about it, kinda made me realise that it wasn't just because it was that person, it was, like, because, like, I wanted something from that, I wanted to get something back... I just thought that that was just how it was gonna be, I couldn't do anything, and the more we talked about it the more I realised I had options. (Madeline, line 165-190)

**5.3.2 Category 2: 'More myself': Freedom to be authentic.** This category described a process by which participants came to be more authentic or real with their counsellor, characterised by moving towards a deeper, more honest and less censored level of interaction. This was often contrasted to other settings where participants felt they could not be authentically themselves. Becoming 'more myself' was spoken about as a mutual and co-constructed process, involving the counsellor and the participant to varying degrees.

**5.3.2.1 Subcategory one: 'No right or wrong': Freedom of content.** This subcategory describes participants' experience of having the freedom to talk about whatever they wanted with their counsellor, but also control to set the parameters of the conversation in terms of content, timing and pace. Three participants described feeling free to say what they wanted to their counsellor without needing to filter or censor, returning to this point at various stages of the interview. Nell describes feeling 'like I don't have to like hide anything and any feelings that I might have' (line 8-9), similarly to Annabelle's description that 'when I'm around them I don't

feel I have to, like, get nervous or, “Oh, can I tell them this” (line 18-20). Jack seems to demonstrate this freedom by explicitly contrasts ‘not bringing up’ and ‘bringing up’ in his description:

With [counsellor], you don’t have to, like, not bring it up, you can bring it up in the conversation, kind of thing, whatever that thing was, you can bring it up openly with them. Whereas with other people you can’t. (Jack, line 203-207)

Jack goes on to describe his sense that he ‘didn’t need to hide anymore, I could be as open as I wanted’ (line 569-570), and being able to ‘talk to that person, you don’t have to worry about what you say, kind of thing’ (line 248-250). Through his account, Jack demonstrated how having the freedom to talk also included having the freedom to *not* talk. This idea felt particularly interesting in the analysis process because it demonstrates how powerful the absence of disclosure can be in terms of progressing the therapeutic relationship, facilitating the building of trust but also strengthening the young clients’ sense of freedom and authenticity.

Whilst participants’ accounts, to varying extents, reflected the co-constructed nature of their counselling interactions and the roles that they and their counsellor had in their spoken interaction, most participants described it as their responsibility to set the topic or agenda for the session:

It’s kind of like, it’s not like she handed the session over to me, it’s like, with the topic of what we’re going to talk about, it- that part is always like... she’s never going to push me to talk about something she always lets me talk about



what I'm ready to talk about when I'm ready to talk about it. (Annabelle, line 193-198)

References to having the freedom to set the agenda without being pressured or forced to speak emerge in a number of other accounts, emphasising the control participants had over not only the topics that were spoken (or not spoken) about (content) but also the pace (process). Ashley described: 'I can say what I feel like I wanna say I can say what I'm comfortable saying' (line 405-406), a sentiment which is shared by Carl, who describes how his '[Counsellor's] there for like, you to tell whatever you want but you don't have to' (line 6-7). Similarly, Madeline emphasises how 'if you don't want to talk about something you can move on or like um, if you're upset she'll give you time like she's not rushing you to just tell her everything' (line 38-41). Like Jack, this emphasises their understanding that they were free to talk, but also free to *not talk*.

Rather than moving away from topics, Nell describes her freedom to talk in terms of being able to direct the conversation by '[coming] towards' what she needed to discuss, contrasting this with the more natural emergence of discussion that usually took place:

I think when it's something that I really need to tell some-like, I really need to tell her, or something I really need to tell someone then I'll come towards the conversation, but otherwise we'll just have discussions and stuff. (Nell, line 516-520)

Tammie also describes a more natural emergence of discussion, which helps her feel closer to her counsellor, describing how her '[Counsellor] doesn't really mind if I go off track or say something a bit, like, that doesn't, isn't really relevant, cos I feel I can talk and it's like someone who's my friend' (Tammie, line 145-148).

Reference to conversation that is 'off track' or 'isn't really relevant' implies that Tammie has a sense of a type of topic which is appropriate for counselling, but does not feel the need to rigorously adhere to this as a part of her interaction with her counsellor (in contrast to her interaction with her CAMHS therapist). Five participants emphasised this sense of freedom by contrasting the counselling space to other places where the same topics would be inappropriate. Three participants spoke about this specifically in relation to their families, contrasting the therapeutic space as somewhere they could escape their families' restrictive expectations and be themselves:

Um, I didn't have someone to tell about those feelings, and the people that I chose to tell like my mum, didn't really get what I was saying. So it kinda turned into arguments and stuff and I didn't really wanna argue with my mum so... Yeah, so, for the sake of the—the family household and the relationship that me and my mum had I decided to save— I'm not gonna have arguments. (Ashley, line 375-383)

I have quite a traditional sexist family and like I can talk about what I don't like about that with [counsellor] if that makes sense... I think when someone agrees with you, or isn't arguing against you, you feel more confident... When someone is disagreeing with you, they try to influence you and say that you're

wrong, whereas [counsellor] won't say that I'm wrong or that I'm right like there's no right or wrong. (Nell, line 385-402)

As well as providing a space that was separate from his family, Ashley's counselling space also provided him with a separate sphere from school where he was free to reflect, allowing him to contain himself and 'focus' in school:

Counselling kinda helped me focus on-on school when I was in school, and I knew that I had-I had a time where I could solely think about, um, what happened before... It was kind of like a bubble where I could- where I could just... purely focus on those things because it would come out in school, and that's why my levels weren't moving anywhere, um, yeah and then, um, I was getting into trouble with teachers and stuff, um, I was throwing chairs at teachers and-and all that, it was kinda, it was kinda—it got to the point where it didn't need to go, so, counselling kinda separated the two, separated my emotions from school. (Ashley 731-750)

Ashley describes how he 'bottled everything up and that was—it was another reason why I come to counselling because my emotions were spilling out because I'd bottled everything up before (Ashley, line 367- 371). He associates his 'bottled' emotions with his inappropriate behaviour in school and lower attainment. Being in counselling provided Ashley with not only a separate 'bubble', but also an opportunity to learn how to express his emotions in a more socially appropriate way.

5.3.2.2 *Subcategory 2: Escaping social norms: Freedom of process.* This sub-theme describes participants' sense of freedom to bring anything into the therapeutic space, focusing on behaviours and processes more specifically. Some participants described a process of moving towards becoming 'more myself' with their counsellor, which was characterised by a change in their way of speaking and behaving:

I'm kinda more myself in here than I was at the very start I was like really awkward and nervous for everything, and I'd always say, "Oh I don't know how I feel", but I now come in here just let it all out and just say it (Lisa, line 103-107)

Lisa also describes her developing ability to present with whatever mood felt genuine, describing how she '[got her] bad days as well, sit in silence and just not speak at all and just stare at something' (line 407-409). These excerpts demonstrate Lisa's growing sense of freedom to 'let it all out' and to authentically present with whatever mood she was experiencing, even if this did not adhere to social convention (e.g., staring at something). Tammie and Jack also describe becoming less constrained by perceived expectations to be polite in the counselling space:

Like for the first session or two I'd walk in and [counsellor] would be like, "Oh how are you?" and stuff, and um, I'd be like, "Oh, yeah, I'm fine" but then by like the fourth session, I kind of, um, I went in and these intrusive thoughts were worrying me so much and I just felt I couldn't speak to anyone at all about them that I just- I went in and she was like, "Oh, how are you?" and I

was like, “Good. Well, actually no not really” and then I just kind of, she went, “Oh, what do you mean?” and I just kind of listed it all out to her. (Tammie, line 304-320)

Tammie’s account describes her experience of how her way of talking changed, emphasising the disparity between a polite level of interaction in the early sessions, which is replaced by a cathartic release of ‘listing’ or ‘blurting’ out of information at her counsellor. It also suggests that rather than interacting at a polite level where she automatically responds that she is ‘fine’, Tammie reaches a point where she is able to not be fine in the presence of her counsellor.

Jack provides an embodied account of the process by which he became less polite, noticing how his posture changed and what this reflected about his ability to move to a more authentic place with his counsellor in the therapeutic space:

As it’s gone on I feel more comfortable. Like before, I guess I used to kinda sit up straight and be like, um, what’s that word... polite and like, you know, but now I feel more comfortable when she’s in the room just, kind of, just kinda relax a little. (Jack, line 76-81).

Jack goes on to describe feeling free to behave in ways which would not be considered socially acceptable outside of counselling:

When I come into counselling, it’s just about me, I don’t have to talk about anyone else I don’t have to ask anyone else how they are, I can just, say, talk

about what's happened to me and how I feel and what's happened- going on in my life, for that kind of, couple of, I think, like 25 minutes, that I can just talk about myself and—people judge you, if you talk about yourself! Outside of the room, kind of thing... I can say I don't feel that great cos this happened or, you know, I feel really upset because of this, whereas, if I went outside of this room and went, "Oh, I don't feel well because of this" and, you know, someone would be like, "Just shut up, we don't care". (Jack, line 427- 444)

Similarly, Madeline describes how counselling became a space where she could bring problems which might feel inappropriate and burdensome to bring elsewhere:

I think that, I felt like I was going to, I guess, squash them with my problems, whereas now I feel like I can talk to my counsellor about them, and anything that I feel like it isn't quite resolved, I can still talk to them. (Madeline, line 276-280)

Madeline describes her counsellor as another person who she can talk to, not instead of but *as well as* her friends. This suggests that it is not necessarily only the content of her problems, but perhaps also the volume or weight of them which she considers burdensome. By first talking to her counsellor, Madeline is able to reduce the weight which she perceives would 'squash' her friends, and to take any excess, unresolved weight to them when necessary.

*5.3.2.3 Subcategory 3: Talking vs 'opening' up.* As the therapeutic relationship developed and changed, participants developed different ways of speaking with their

counsellor in terms of content and process. For some participants, the personal negotiation of talking in terms of what to say, and how to say it, was a central part of the therapeutic work itself. Participants seemed to differentiate between more manifest, ‘surface level’ talking and deeper, ‘latent level’ talking, with the latter often referred to as ‘opening up’. Regardless of the ‘level’, talking—in any form—was placed as central to the counselling endeavour, often used as a barometer for determining how successful the counselling was or would be. Most participants described a process of building up to ‘opening up’ by discussing bigger, more significant topics with their counsellor.

Some participants described a process of building rapport to establish some level of initial conversation, sometimes by speaking about something that was of less consequence to them (described as ‘general’, ‘small’ or ‘easy’ topic). Jack describes how ‘before I’d talk about just kinda general things that happened and that day and what I was concerned about but I wouldn’t tell her what was actually deep down bothering me’ (line 176-179), something he normalises: ‘Everyone, kind of, is [weary] when they just meet a new person. You kind of like, maybe talk to them about something, you know’ (line 352-354). Similarly, Tammie describes how she spoke about more general topic at the start: ‘I’d speak about kind of, not-really that big things, like, just what was going on in school and stuff’ (line 219-221).

Interestingly, in describing his negative experiences with a previous counsellor whom he did not trust, Jack acknowledged that even in this interaction it was still important for him to build *some* limited level of rapport: ‘when I spoke [with previous counsellor], I was very careful what I said... Um, like I wouldn’t tell him too much, I would tell him just enough if that makes sense?’ (Line 125-129). The idea of saying ‘*just enough*’ to a counsellor he did not trust emphasises the importance Jack placed on establishing *some* level of rapport, in order to enable some form of counselling to ‘happen’ even at a superficial or inauthentic level. However, it is also striking that unlike Jack, some participants considered the process

of establishing rapport through informal conversation as extremely authentic and genuine, rather than an 'ice breaker' necessary to move them towards deeper conversations. These participants viewed the informal rapport, sometimes termed 'chat' or 'gossip', as a way of building a real relationship with their counsellor into which they could bring all the parts of themselves, including their more casual selves.

Moving towards a position of 'opening up', characterised by being able to 'let it all out and just, say it' (Lisa, line 107) and 'talking about things that were really bothering me' (Jack, line 175-176) was necessary in moving young people towards a more authentic, and ultimately more fulfilling, therapeutic relationship. While this process depended on the contributions of the participant and their counsellor in building rapport and creating a comfortable therapeutic relationship in the early stages of the work, participants considered themselves as more influential in determining whether, when, how and to what extent opening up would eventually occur.

Following the establishment of some level of rapport, some participants described a process of becoming 'open' or 'opening up', by which they moved towards a more authentic and honest level of relating which allowed them to talk about more difficult topics. Lisa reflects on this process, describing how 'I wouldn't explain as much stuff that I do now, I can, like, say everything but before I didn't use to' (line 46-48). Annabelle describes a 'staged' system of building towards opening up:

I could talk to her about topics but it was more of like it wasn't things that—  
they still affected me, but it wasn't the things that were the biggest events  
going on in my life at the time. So it was still helping but cos I wasn't there yet  
with being able to open up about the things cos it was like, do I say it is there



gonna be like- am I gonna be judged for say-like, for what I'm gonna say.

(Annabelle, line 240-247)

Carl describes a similar staging system, by which he purposefully moved towards a deeper and more uncomfortable topic by disguising it within the ongoing rapport about 'everything else':

It just, like, came out, like, it's just one of those things that you just drop in there, in amongst everything else... It was like to try and hide it a little cos like, although I wanted to tell I didn't want it to seem obvious. (Carl, line 437-444)

While some participants expected that they would reach a deeper and more open stage of disclosure (perhaps due to previous counselling experiences, or the overwhelming burden of a disclosure which they knew they would have to eventually make), some participants described the experience of opening up as 'weird', unexpected, and novel. Madeline described how 'it was kind of weird at first cos I'm not used to being really open... when I started from now I feel like I do [open up]' (line 3-9), resembling Lisa's description of how 'the start [of counselling] was really weird but now I've got used to it I'm perfectly fine with it ...now, I can, like, say everything but before I didn't use to' (line 42-48).

For Ashley, becoming more open was explicitly described as a joint process of exploration and learning which involved both him and his counsellor. Rather than initiating an opening up process in response to feeling comfortable, Ashley depicts opening up as a *skill he had to learn* through counselling, which his counsellor facilitated:

*Ashley:* Sometimes, she reflects it back to me because sometimes it sounds a little bit... off

*Researcher:* What do you mean?

*Ashley:* I mean like, sometimes it doesn't sound right because I'm not, I'm not very good at releasing—like, saying things, because I'm more hands on type of person but I've gotten better, since talking to, since talking to my counsellor I've gotten better at getting it out... it didn't really come naturally, but I had-I had a basis of-of-how I could get it out

(Ashley, line 43-56)

Moving towards a deeper level of interaction characterised by openness was implicitly present in a number of accounts. One participant explicitly referred to the perceived expectation that being in counselling required him to move towards a deeper level of conversation, but was surprised that he was able to do so. Fulfilment of this role encouraged him to stay in counselling for longer:

I actually didn't think I'd see my counsellor for as long as I have. I thought it would be for a couple of sessions, and-and then I was just going to give it up, kind of thing, cos, first of all I wasn't really talkative, and I thought, "I'm just wasting that person's time if I'm just sitting there saying nothing". Well, saying stuff but not important stuff, it's kind of wasting their time. (Jack, line 321-328)

Opening up was perceived by all of the participants as in some way opening a door which allowed for more possibilities. Relief was described as an important benefit of opening

up. Ashley described how counselling provided ‘an opportunity to say what I’ve, like, get something off my chest, and kinda release certain emotions that I- that I don’t get to release, anywhere else (line 4-7), and how ‘counselling has just helped me let go of, of some of it’ (line 637-638). Similarly, Nell described ‘you know when you’re keeping something to yourself and you tell someone? Like, it’s like a weight’s lifted off your shoulders (line 210-213).

Four participants identified how opening up was a necessary first step in allowing their counsellor to intervene in a way which was helpful, which had a positive effect on their experiences both within and beyond counselling:

As time went on things kinda got worse and got worse and got worse and got worse and then I started running away, this is ridiculous [laughs] and then eventually, I came in here one day and I was like I canny do this anymore, so then, I get accommodated [by social services]. (Carl, line 171-176)

Other participants described how unburdening provided an opportunity for them to access help and support from their counsellor, in terms of advice and alternative perspectives which deepened their understanding. Annabelle told me how her counsellor ‘was there for me, and giving me advice on how to deal with the situation’ (line 64-65). Lisa described:

It was kinda like oh I finally told someone I kinda like, felt a bit freer and I was like, at least someone knows and it’s someone who can actually help me and I don’t need to suffer it by myself kinda thing. Like, I’m happy that I told her and didn’t keep it to myself. (Lisa, line 183-188)

Some participants described how unburdening altered the therapeutic relationship, establishing the counselling space as safer, more approachable, and separate:

I was never hesitant to go, but after that it was like, “Oh, OK, yeah I’ve got counselling I can get this off my chest” whereas before it was like, “I’ve got counselling” [laughs]... After [disclosure] it was like- more like, it wasn’t- it was like- not a- it wasn’t like it wasn’t a relief before but it was a relief being able to talk about it and being able to be like, “Oh, next session I’m going to be able to get this off my chest, it’s gonna feel much better after it”. (Annabelle line 229-252)

*Researcher:* What do you think is helpful about someone else knowing?

*Jack:* ‘I guess cos you don’t have to like, carry it around by yourself, like um, it’s hard to explain, you don’t have to like carry around that thing, you don’t have to—with that person, you don’t have to, like, not bring it up, you can bring it up in the conversation, kind of thing, whatever that thing was, you can bring it up openly with them.

(Jack, line 198-207)

**5.3.3 Category 3: Developing a ‘felt-sense’ of a real relationship.** Whilst categories 1 and 2 refer more to the counsellor and clients’ respective roles in the active doing of counselling, this category described the development of an authentic relationship based on more than the fulfilling of respective roles to complete the tasks of counselling. This category describes the process by which participants became familiar with their counsellor as a person

*in a relationship* with them, thus setting the stage for counselling to ‘happen’ at a deeper level (usually depicted in terms of the participant disclosing something significant).

It seemed that the process of becoming comfortable in counselling strongly depended on participants’ felt sense of their counsellor being alongside them as a *genuine person*. Whilst the other categories focus more on the ‘doing’ of counselling in terms of actions, this category emphasises participants’ sense of *being* in a relationship. This is presented in terms of two sub-themes: More than a ‘counsellor’: Knowing vs feeling; and ‘We weren’t just strangers’.

*5.3.3.1 Sub-category 1: More than a ‘counsellor’: Knowing vs feeling.* This sub-category described participants’ process of familiarisation specifically with what the role of ‘counsellor’ meant at a felt level. Some participants described feeling surprised by how close they became with their counsellor, seeing it as somehow transcending the level of closeness they expected to have with someone in this role (based on a preconceived notion of what a ‘counsellor’ or a ‘professional’), and the disparity with the level of closeness they felt:

Even though I know she’s um, it’s her job and stuff, I just feel like I can say stuff to her that I could never say to anyone else, and obviously, that’s the point of a counsellor, but it still like creates like a bond and stuff... I know the point of a counsellor is that you’re able to speak about stuff you normally wouldn’t, but with [counsellor] I feel like she actually like, properly cares and it’s not just her job I feel like. (Tammie, line 82-106)

It feels like she isn’t just a counsellor, like someone that I’m really kinda close to and I feel good that she’s not just a counsellor. From like, from my point, so,

ay... Like a- I wouldn't class her as my counsellor, I dunno how to explain it but I think we're just close. (Lisa, line 4-12)

Lisa's description expresses the intangibility of this experience, communicating her difficulty describing what more than 'just a counsellor' means. Tammie's description also highlights a felt level of closeness which extends beyond what she expected given that 'it's [counsellor's] job and stuff'. Both participants express how despite their counsellor ultimately being in a 'role', they do not experience this role in the way they expected.

Two participants expanded on what a counsellor's role meant, by contrasting their experience of their counsellor with their conceptualisations of mental health professionals in more clearly demarcated roles (both actual and imagined):

[Counsellor] recommended that I see a lady at CAMHS, like at the hospital, so she's like my psychiatrist or something, she's the one who like diagnosed me and put it, like, down ... So with her, even though um, you know, she's not like a GP or something, she still, like, discusses stuff, I feel like when I chat with her it's more kind of like I need to get to the point, you know, and tell her... she's like a doctor I know she's a therapist I know it's her job to kind of get through all this, and she's still a nice lady, but when I compare it with [counsellor] I feel like [counsellor] is like, she's like, yeah [laughs]... Different because with [CAMHS therapist] I feel, uh, she's speaking more in medical terms, she's discussing like, "Oh, well the symptoms that you're showing" and stuff but [counsellor] never really speaks like that she- she doesn't really care about the sym-the symptoms, or like if I've had an attack, and more kinda like,

what's causing the attack, what's happening at home or, what's happening at school, and she doesn't, she doesn't really mind if I go off track or say something a bit, like, that doesn't, isn't really relevant. (Tammie, line 116-147)

Tammie's describes a spectrum of professionals involved in her care, contrasting a GP, who does not engage in any discussion, to her CAMHS therapist who is a 'nice lady' and engages in some discussion where it is relevant to her job. Tammie acknowledges the purpose of the CAMHS therapist in her ongoing care, but notices how the more delineated and defined role serves as a barrier to the development of a more intimate relationship. Unlike her relationship with her counsellor, the more clearly demarcated roles of 'therapist' and 'client' in the CAMHS environment serves to create an unequal relationship that is based around the transaction of information; there is less scope for flexibility and exploration, as the agenda of the meeting is to 'get to the point' as defined by the therapist's agenda. Tammie perceives her adherence to the inherent rules of the interaction as necessary for its success, allowing her therapist to get on with 'her job' and to 'kind of get through all this'. In this account, the CAMHS therapist is more clearly perceived as having a role which is tied to a specific job, and serves to provide a sharp contrast with Tammie's comparatively more flexible and open counsellor.

Despite not having any other experiences of mental health practitioners, Madeline describes her anticipation of a formal relationship with her counsellor, characterised by a pronounced power imbalance in which she would have to somehow prove herself:

I was thinking, it's going to be quite weird, and like, I kinda had this stereotypical picture of my head of having to lay on a couch but um it's nice I-I

didn't expect it to be like comfortable as it is ... In my head it felt like it was going to be an examination like I had to get everything right and tell her everything right. (Madeline, line 65-75)

Madeline's account seems to draw a distinction between how she expected her counsellor to be, and her actual experience. Her reference to an 'examination' where she would be expected to accurately relay information bears some resemblance to Tammie's description of her sessions with her CAMHS therapist. Both participants use their descriptions as points of contrast between a formal and powerful 'professional in a role' and their counsellor, emphasising the freedom associated with the latter relationship.

Whilst some participants described how their counsellor defied their expectations of a cold or formal professional in a 'role', some participants expressed the contrary expectation that a counsellor *should* encompass some of the warmer and more favourable traits associated with the role, such as being non-judgemental and trustworthy. In these accounts, developing a felt-sense of the counsellor's role involved participants initiating a testing-process, to confirm that their knowledge of what the role should be resonated with them at a felt-level. This process of confirmation required a pre-meditated and active effort on the participants' part.

Annabelle described a process of testing her counsellor's response to ever increasingly 'big' disclosures, as a way of gauging whether she could trust her enough to make a significant disclosure. Despite knowing what the role of counsellor involved, Annabelle describes this process of testing as a necessary precursor to developing trust, drawing a disparity between 'knowing' the role of the counsellor on the one hand, and developing a *felt-sense* of it based on her actual, lived experience of counselling:



It's just something that automatically happens with me and I don't know why [smiles] but it's like in counselling, I always start with like little things and then, from them little things if I know, like, I can trust them and they're helping with the situation and that they didn't pass judgement on me or anything it then—it's like a build-up on- the next thing I tell them is more important to me.  
(Annabelle 296-304)

I kind of like, understand the role of counsellor, that they are there to help you and it's not, like—they may pass judgement on a certain situation, but it's not like— they're not allowed to show it, they're not allowed to tell anyone.  
(Annabelle, line 359-363)

Through a process of testing, Annabelle has the opportunity to both confirm her expectations that her counsellor is trustworthy, and to know at a felt-level that she trusted her.

*5.3.3.2 Subcategory 2: 'We weren't just strangers'.* This sub-category explores how participants came to develop a felt-sense of their counsellor through being *in a relationship* with them, how this personal relationship was described, and how it was perceived to develop.

Five participants described their counsellor as a variation of a 'friend', though varied on the extent to which they were comfortable using this phrase. In four of the five accounts referring to friendship, participants acknowledged that their friendship with their counsellor differed from other friendships. Two participants described the friendship with the counsellor as meeting expectations of friendship that the participant does not get elsewhere:

I do see my counsellor as like a friend and someone I can talk to... like sometimes with your family and friends there are things you don't want to tell them and you feel like they might judge you, but I don't feel like my counsellor would judge me, and she'll support my choices. (Nell, line 16-24)

In Nell's account, a non-judgemental attitude differentiates her counsellor from her other friends who might judge her. Similarly, Madeline differentiates her friendship with her counsellor as being different to with her friends because she 'can be open with her'. She describes how bonding with her counsellor over a common music interest created a sense of friendship and familiarity which made it possible for her to interact more in counselling:

*Madeline:* We talked about things that I liked, we found like a common interest and then we kind of like, weren't just strangers, like, she sort of became like my friend so I could tell her

*Researcher:* OK. And would you say it's a friendship like other friendships?

*Madeline:* Yeah, um not really. I can be open with her

(Madeline, line 24-31)

For Madeline, her counsellor disclosing something personal regarding a shared interest helped her feel that she could be accepted, but also served to make the counsellor appear more human and to move her away from Madeline's frightening clinical preconception.

Two participants approached the word 'friend' cautiously, acknowledging that there were differences from their relationship with their other peers and that the term 'friend' could only go so far in describing the therapeutic relationship. Carl and Tammie both described the

significance of age difference as a factor differentiating the therapeutic relationship from other friendships. Carl described how ‘we feel equal-ish, as much as we can obviously, she’s older but, hey ho... obviously like, you canny treat someone older as like, one of your friends but it’s as close to that as it can be (line 53-58). Similarly, Tammie told me ‘I just-I just feel like [counsellor’s] like, my friend, kind of, not friend, more like aunt or something [laughs] even though it’s a bit dumb to say that (line 92-95), and went on to say:

She’s caring or something like a member of family, or something like that.

And cos she’s like, I can’t really say that she’s, like—maybe this sounds strange to say but it’s a bit like creepy to say, “Oh, she’s my friend” [laughs].

(Tammie, line 165-169)

Tammie labels her references to her counsellor as a friend as ‘dumb’ and ‘creepy’, reflecting an embarrassment and discomfort on her part and a resistance to using a term which seems somehow inappropriate. Over the course of the interview, Tammie grapples with how to define the therapeutic relationship between herself and her counsellor in terms of existing relationship templates in her life (e.g., ‘friend’, ‘family’), moving towards ‘I dunno, it feels more, like family, because she’s a bit older than me so... it makes her more, kinda like, motherly, than like, like a friend or a mate or something (Tammie, line 171-175). The grapple to find a ‘fit’ between existing relational templates and the experience of the therapeutic relationship perhaps suggests that the unique components of the therapeutic relationship create a new relational template which does not resemble any other relationship in Tammie’s life.

Jack also described a process of moving from being strangers to not being strangers, but initially described this as ‘getting used to a person’, a process he saw as a natural and almost inevitable function of time. Initially, Jack specifies that getting used to the counsellor is different to getting to know the counsellor at a personal level. During this reflection, it is striking that Jack uses general, impersonal language which does not personally acknowledge his counsellor at a personal level, something which changes over the course of the interview:

At the start, it’s kinda like, “I don’t know this person” and like when you get to—not get to know them, like, you see them more often, you kind of trust them a little and you feel more comfortable around them than you did at the first, like at the start of it... I guess some kids aren’t used to like, change, you know, maybe—it’s hard to explain like um... not-not like the change of the weather, but like a change of person. Like maybe you’ve got a new substitute [teacher] or something, which throws you off a bit. But once you get used to that person, you feel more comfortable with them and you get into a schedule of seeing that person if that makes sense. (Jack, line 84-119)

Interestingly, over the course of the interview Jack was able to compare his current trusting therapeutic relationship with his counsellor to a previous experience of counselling where he did not trust his counsellor. Through this comparison, Jack was able to expand on his initial suggestion that trust develops out of familiarity, by acknowledging how his felt sense of *who his counsellor was* opened the door to them getting to know each other. By being ‘kind of, actually interested in what I have to say and is kind of, um, more supportive I guess’ (Jack, line 43-45), Jack’s counsellor marked herself as different.

A number of participants described being able to have a different type of informal conversation, or ‘chat’, with their counsellor which in some way diverged from ‘the counselling’. This bore some resemblance to participant descriptions of building rapport (Category 2), but differed in two main ways. Firstly, informal conversation was (to varying extents) viewed more favourably, as it allowed the participant to bring different parts of themselves into the interaction. Secondly, informal conversation was depicted as more relational, providing scope to acknowledge the counsellor as another person in the space.

In the excerpt above, the novelty of Madeline speaking with her counsellor about music—a conversation which contrasted with the ‘stereotypical’ idea of what she believed she would have to speak about in counselling—served to move the relationship in the direction of a friendship by allowing her to ‘bond’ with her counsellor around something other than the therapeutic work. Similarly, Lisa demonstrated her closeness with her counsellor by describing a different, more casual level of interaction which moved away from ‘feelings and stuff’:

I kinda know, like, for myself, we’ll have like a wee gossip about stuff and just normal, like, day-to-day stuff and it’s just not coming in with feelings, like, sometimes you can have a normal chat about like, everything and, she can understand me like quite a lot without the feelings and stuff. (Lisa, line 57-63)

Similarly to Madeline, there is a move towards ‘day-to-day stuff’ which serves to enhance the closeness between Lisa and her counsellor through a different kind of casual conversation. Whilst Madeline experienced this as significant in moving the therapeutic dyad from a position of being ‘strangers’ to a position of friendship, Lisa’s account gives the sense of an ongoing movement between ‘[having] a wee

gossip about stuff’ and interacting at a level of ‘feelings and stuff’ over the course of the counselling.

Whilst Lisa’s description of ‘a wee gossip’ marks a divergence from the expected counselling conversation revolving around ‘feelings and stuff’, Jack’s description of a more casual level of relating between himself and his counsellor centres around the counsellor becoming the tentative topic of conversation. This extract demonstrates how the language Jack used to describe his counsellor became tentatively and cautiously more personal over the course of the research interview, in what can be considered a parallel process to what was occurring in the therapeutic relationship and the researcher-interviewee relationship:

My counselling sessions are where I can talk, but um, occasionally I will still ask my counsellor, ‘How are you?’ and stuff, so it’s just kind of like um— it’s hard to explain, uh, you kind of feel more comfortable and you just like, oh, you kind of, like, not c- not care about them, but you just, a little part of you cares how their weekend was, you know, what they, how they feel after being off sick or something, you know... It’s not like how you’d care about a friend, it’s how you’d care about a teacher at school or, you know, um yeah. Or how you’d care about someone you know but it’s like how I’d care about my, my English teacher, for instance, like, I ask them how, how’s their weekend. But it’s kind of like that, I guess, I’m trying to compare it to something... Yeah, it’s someone you’d say hello to but not someone you’d exactly like invite round for a coffee, kind of thing if that makes sense. (Jack, line 358-383)

I would know her like I know my teacher at school kind of thing, or a tutor at college or whatever. You just kind of know of them and you sometimes speak to them, kind of thing. (Jack, line 408-412)

Jack describes a universal level of care for another human being, but emphasises the boundary that must be kept in order to maintain a distance which protects the intimate nature of what happens in the counselling space. Jack suggests that 'knowing' one another at a personal level would feel uncomfortable:

Where I did know about her but I didn't know her and she didn't really know me... it was easier to explain to that person because I knew they didn't know any of my family members and that they weren't going to tell anyone... Like, even now, I know she's not going to tell anyone I know, I know she's not going to tell my mum what I say or anything-anyone else. (Jack, line 395-404)

Table 3: Summary of key findings across categories

Category 1: The 'doing' of counselling	Category 2: "More myself": Freedom to be authentic	Category 3: Developing a 'felt sense' of a real relationship
<p><i>Sub-category 1: Creating a comfortable environment</i></p> <p>Establishing a safe base            Providing a platform for counselling            Less awkward in the space            Space as a container            Counsellor's skill            Filling a space            Developing trust            Seeing counsellor's personal traits            Testing the counsellor</p> <p><i>Sub-category 2: Getting to know me at a deeper level</i></p> <p>Actively seeking information            Active listening            Counsellor's skills            Being heard            Being accurately understood            Making an effort            Wanting to know            Expectation vs reality            Storing information            Acquisition of knowledge            Openness to learning            Creatively expanding story            Calling on different sources</p>	<p><i>Sub-category 1: "No right or wrong": Freedom of content</i></p> <p>Less censored            Setting own parameters            Setting content            Setting agenda            Control of timing            Control of pace            Emerging vs hiding            Sharing and withholding            Taking my time/ not feeling rushed            Directing the conversation            Dropping things in            Going 'off-track'            Different spheres of content            Welcomed to talk            Bringing the 'unacceptable'            Preserving other relationships            Anything goes            Expectation vs reality</p> <p><i>Sub-category 2: Escaping social norms: Freedom of process</i></p> <p>Bringing the unacceptable            Preserving other relationships            No behaviour expectations            Catharsis</p>	<p><i>Sub-category 1: More than a 'counsellor': Knowing vs feeling</i></p> <p>The 'human' professional            Genuine            Warm and personable            Transcendence of expected closeness            Not just a job            Less delineated relationship with adult            Freedom to define the relationship            Expectation vs reality            Feeling what is known about counsellor            Testing and confirming</p> <p><i>Sub-category 2: "We weren't just strangers"</i></p> <p>A type of friend/ like friend but not            Like family but not            Common interests            Self-disclosure            Professional and human            Being in a relationship with counsellor            Informal conversation as novel            Informal chat enhances closeness            Expectation vs reality            A different way of being with a professional            A different way of being with an adult            Inviting the counsellor in as a person            Establishing relational boundaries</p>



Taking initiative  
Engaged  
Expectation vs reality  
Being observed  
Empathic connection

*Sub-category 3: Creating alternative perspectives*

Processing information  
Advice giving  
Being proactive  
Counsellor as wise  
Counsellor as experienced  
Different perspective  
Practical problem solving  
Counsellor as a vessel  
Building a more complete picture  
New interpretations  
Counsellor's otherness  
Learning about self  
Mutual learning  
Developing a better understanding  
Working together/"Give and take"  
Expanding knowledge  
Real-world applicability  
Consequences  
Future directions

'Venting'  
Presenting with different moods  
Being less polite  
Being how I need to be  
Body posture relaxed  
Talking about myself

*Sub-category 3: Talking vs opening up*

Getting the ball rolling  
Personal negotiation of topic  
Different 'types' of talk  
Surface level chat  
Opening up/ going deeper  
Going beyond  
Taking a risk  
Changing significance of talk  
Breaking the ice  
Talking as social convention  
"Big" topics  
Building rapport  
"Chat" as inauthentic  
"Chat" as authentic  
Casual interaction  
Informality with an adult  
Planned vs spontaneous opening up  
Feeling surprised at self

Different types/levels of caring

#### **5.4 Central category: ‘Defying expectations: Co-constructing a unique therapeutic relationship’**

In line with a constructivist Grounded Theory (GT) analysis which emphasises action and process (Charmaz, 2014) the next section will explore the central category which emerged from the GT analysis— ‘Defying expectations: Co-constructing a unique therapeutic relationship’. This central category acts as an intersection which links the three categories described above, and emerged throughout the analysis as a prominent element common to all three categories. Strauss & Corbin (1998) describe the core category as an expression of the researcher’s ‘gut sense’ (p.150) of the uniting thread that runs across participant accounts. This explicitly places the researcher in the data analysis process, portraying their sense of what is emerging through the data and giving it shape.

Although some categories placed more emphasis on the actions of either the counsellor or the participant in the development of the therapeutic relationship, it was ultimately the interplay between both members of the therapeutic dyad which was evident across each category. All participants described how this relationship *extended beyond their expectations*, allowing a unique kind of relationship to form which was based on their felt experience, and salient in its difference. The relationship was characterised by an ongoing sense of closeness, challenging some participants’ understandings of what relationships with adults and (in some cases) with professionals were like, and encouraging them to consider new relational templates to describe the relationship. This difference was amplified through participants’ descriptions of how aspects of the counselling somehow defied their expectations, in terms of what their counsellor would be like, what they would be like with their counsellor, and what the therapeutic relationship would be like. In relation to themselves, some participants were surprised that they had stayed in counselling as long as they had, and that they had shared as much as they had with their counsellor. Some

participants described how being ‘open’ with someone else felt unusual and served to emphasise how different they felt in this relationship compared to other relationships. More commonly, participants described how their counsellors defied their expectations in terms of how they thought a professional in a role would behave. Participants spoke positively about the uniqueness of the relationship, often describing feeling pleasantly surprised or happy about how it had developed. This was perhaps more pronounced in cases where participants presented as more anxious at the start of counselling, either because they had never received counselling before or because their previous experiences had been negative. For these participants, it can be expected that a positive therapeutic relationship will have defied their expectations in a more pronounced way across the three categories.

The significance of having one’s expectations defied was described by some participants as having moved the relationship forward, and featured prominently in a number of descriptions of significant relational events. This will be further explored in the next section.

### **5.5 Significant Relational Events**

In line with the second objective, participants were asked to identify significant moments or events that they had experienced within the therapeutic relationship. This provided a platform for participants to describe concrete examples of relational events with their counsellor which were important to them, thus contextualising those factors which became ‘lit up’ within the context of participants’ description of the developing therapeutic relationship. All participants were able to identify at least one significant event in their relationship with their counsellor. In recounting these, elements of the therapeutic relationship as described in the first part of the interview were brought into sharper focus. This shed light on those aspects of the therapeutic relationship which were perceived to

contribute most significantly towards the emergence of significant relational events, and the respective roles of the therapeutic dyad in contributing towards these events.

The 10 significant relational events identified by participants (table 4) all described *helpful events* which had gone on to change something in the counselling arena more generally, and provided an anchor or hook experience from which participants were able, to varying extents, to consider the processes taking place within the therapeutic relationship. Analysis of the self-identified significant relational events revealed two helpful relational processes that were inherent in the events described, as demonstrated in table 4.

*Table 4. Significant relational events and associated helpful relational processes*

Participant <sup>22</sup>	Significant Relational Event identified	Helpful relational process
A	Disclosing a problematic family relationship	Significant disclosure
B	Counsellor receiving information about diagnosis	Generating significant insight
B	Counsellor inviting parent in for a meeting	Generating significant insight
C	Overcoming vulnerability to disclose something personal and difficult	Significant disclosure
D	Realising the significance of a previously minimised event	Generating significant insight
E	Speaking about a family relationship	Significant disclosure
F	Speaking honestly about negative family dynamics	Significant disclosure
F	Sharing feelings of being a 'bad' person with counsellor	Generating significant insight
G	Identifying a traumatic life event considered integral to identity	Generating significant insight

<sup>22</sup> For the purposes of this table, letters rather than pseudonyms have been used to protect participant confidentiality

**5.5.1 Two distinct categories.** As demonstrated in table 4, analysis of significant relational events highlighted two distinct relational processes relating to the nature of the significant event:

- Significant Disclosure Events (SDE)
- Significant Insight Events (SIE)

These distinct categories demonstrated something important about how participants conceptualised the experience, value and purpose of the therapeutic relationship during significant therapeutic events. As conceptualised in figure 2, these categories mapped onto the three principle categories identified in the first part of the analysis. This will be discussed in the remainder of this chapter.

## 5.6 Significant Disclosure Events

Whilst all eight participants spoke about disclosure events in their counselling experience, only five participants described them as *Significant* Disclosure Events (SDEs). A SDE is defined as an event in which participants described the *personal act of disclosure* as the significant phenomenon which characterised the event, and included the build up to the disclosure as well as the interpersonal and the intrapersonal experience of actually disclosing at an intimate level. Importantly, SDEs described the disclosure of content which the young person was *already aware* of; accounts where new awareness of an issue was generated were excluded.

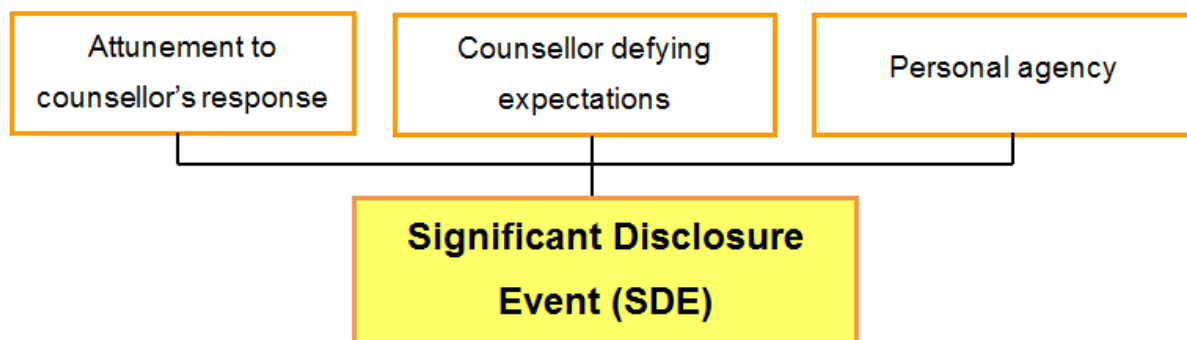
Descriptions of a process leading up to such disclosures indicated a premeditated element and an associated self-reflectivity. For example, Lisa described her preoccupation

with actually verbalising the significant disclosure (despite the counsellor already having been made aware of it through the referral process), saying '[counsellor] knew what [disclosure] was but I've never said it out loud to her so I was really scared about it. I was like nervous to come in here' (line 331-333). This suggests that it was not the content of the disclosure, but the act of personally disclosing it, which Lisa identified as significant.

Annabelle's account also indicates a growing self-awareness in the lead up to the disclosure, as she says 'that's always been a big moment for me, knowing that I could trust someone to tell them something to me that was really big, and open up about it' (line 270-273).

An analysis of significant disclosure events yielded 3 sub-categories, which are conceptualised diagrammatically in Figure 3.

*Figure 3. Significant Disclosure Events*



**5.6.1 Sub-category 1: Attunement to the counsellor's response.** Descriptions of SDEs were characterised by participants feeling more acutely tuned in to how it felt to be with their counsellor, both in the lead up to their deciding to disclose and at the time of disclosure itself. Some participants described this in terms of a heightened attunement to their counsellor's body language and facial reactions:

I started with like little things to talk about, and then it was like, as I got onto the bigger things it was just like, nothing about like, anyth—like, it wasn't like she made any facial expressions or anything to say like, uuum, don't, like, don't agree with that or anything. (Annabelle, line 81-86)

Her body language was at the time, cos like, I always thought she'd like, make a, like, face about something, but she wouldn't she'd like smile and be happy that I've said that, and then have like a great response and make time for it. (Lisa, line 257-261)

Another participant observed their counsellor as alongside them and holding, an experience that was difficult to express:

I remember she was really understanding and I can't really remember anything else but that [laughs]... Like you could tell she was paying attention, and like, she was really empathetic... Like, she's, like, saying how she understands what I was feeling, and, it's really difficult to word! ... I think, you know when you look in someone's eyes and you can tell that-you can kind of feel their emotions. (Nell, line 245-265)

**5.6.2 Sub-category 2: Counsellor defying expectation.** The central process of 'defying expectations: A unique relationship' emerged strongly across different

accounts of SDEs. Some participants described their expectation of a negative response, and their surprise when the counsellor responded positively:

I thought she'd be like, "Oh, why are you saying that?" But she just went, "Oh really? OK" like that, and she was just kind of accepting of that and I felt really grateful towards her ... I expected kind of what I'd expect from my aunt or something where they'd be like, um, "Oh you shouldn't say that about your dad" and stuff or, but no, I felt [counsellor] might go, "Oh, well"— not in as bluntly a way as I'm putting it, but she'd say something along the lines of, "Oh, you should—you know, your parents are trying their best, and like your dad's like—" yeah, you know, and um, kinda list reasons why you shouldn't say that, but she just went, "Oh, OK". (Tammie, line 509-532)

I just thought she would be quiet and not speak about it because, it was kinda like a major thing but no she was like great with it... She was like really kinda positive about it and really supportive like I didn't think she would be... like the response was I didn't expect it of her. (Lisa, line 196-200)

Despite having developed some sense that their counsellor was a good person who would not judge them, the two extracts above still express Tammie and Lisa's surprise that their counsellor's reaction was positive, or that it was positive to the extent that it was. A number of participants described how during these events, what they knew and expected of a counsellor (a good reaction) became felt, something which was depicted as getting a 'fully positive' or 'very positive' reaction:



I expected something on the lines of that [reaction] but I didn't expect it to be said the way it was... I expected a—not really fully positive reaction, but like something along the lines, “Oh it's OK to be you' and then it kind of, not really, paying attention, but um, my counsellor was like, ‘Yeah, it's totally OK to be you' and was very positive about it. (Jack, line 586-595)

Similarly to Lisa, Jack specifically describes his expectation that his counsellor would move away from the difficult disclosure or ignore it, an expectation which is ultimately defied.

**5.6.3 Sub-category 3: *Personal agency*.** Participants varied in the extent to which they identified the emergence of SDEs to have been premeditated and self-initiated, or co-created in the session. Some participants described their own agency in building up towards the event, and spoke about an internal process of deliberation in the lead up to them making the significant disclosure and letting their counsellor in. Annabelle describes how the ‘[disclosure] had been something that had been on my mind for a while... I'd been thinking about it for a while to talk about it with her’ (line 160-173). Similarly, Carl describes ‘I knew I would have told her at some point but, I didn't know when’ (line 452-454), demonstrating his active decision but also the co-creation regarding the timing of the disclosure. Lisa's account more strongly emphasises her inner dialogue, and the emphasis she placed on herself to make the disclosure:

My mind just plays a lot of stuff it's like, “I'm gonna tell her” one second and another like, “No I can't tell her” and then it goes playing back and forth that I'm gon-I'm gonna tell her and then not, then I came in and just made the decision, “I'm gonna tell her.” (Lisa, line 356-361)

In all of these accounts, participants emphasised their role in the emergence of the SDE, describing how they had been holding it in mind and it was only a matter of time before they disclosed. The actual timing of the disclosure itself was described by participants as much more spontaneous, and more dependent on how the participant felt in the counselling space—more explicitly emphasising the role of the counsellor.

Two participants described the SDE to have unfolded more organically over the course of counselling through the interaction with their counsellor, still emphasising the disclosure as significant but emphasising their own premeditated agency to a lesser extent. However, in both accounts there is a sense that the young person is not realising something new, but unexpectedly giving voice to something they had not expected to verbalise in the session:

*Researcher:* Did you know that that was going to happen, that you were going to talk about it?

*Nell:* Not really, it just sort of came up

*Researcher:* OK. Can you tell me about that, how that came about for you?

*Nell:* I think, because I do [activity] and while I was on the [activity] trip I got quite emotional and I had, like, all these feelings and everything, and then, we were talking about the [trip] experience and that just came up

(Nell, line 223-232)

Tammie describes a counsellor suggested activity which provided her with a physical representation that aided the emergence of feelings she was keeping to herself, leading to a disclosure she did not know she would make. In this instance,

the counsellor's role in the emergence of the significant disclosure was much more pronounced:

I just felt more comfortable and when she asked me a question like, “Oh, what would your perfect family look like?” And then [laughs] and they... OK, before that, with my parents a lot I'd—they-they weren't very understanding of my anxiety and stuff, and a lot before that I'd been kind of like defending them and saying, “Oh, but they're not like bad parents” and stuff or like, “don't think they're doing a bad job” and stuff but when I'd finally gotten like a physical representation... I was like oh [laughs] and I finally, like, complained about my parents and stuff and said I wasn't very happy with that they were doing and... I don't know if it was having like a physical thing in front of me that let me do that. (Tammie, line 468-483)

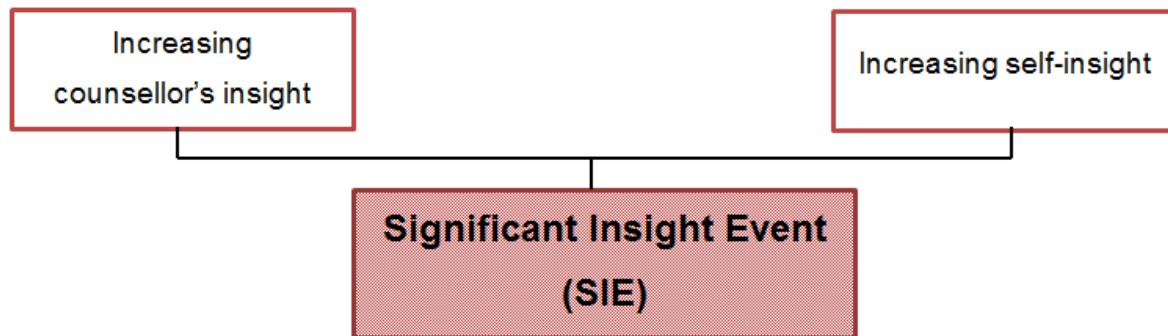
In considering this account, I was struck by the different ways it could be understood. On the one hand, it seemed that the task Tammie was describing had perhaps allowed her to *realise* her feelings towards her family, and might therefore be better identified as a significant insight event. However, her use of the word “finally” in relation to the disclosure, as well as her knowledge that she had been “defending” her parents, seemed to suggest that Tammie was already aware of her feelings towards her family. In this account, Tammie emphasises her counsellor's role in helping her ‘give voice’ to something she had never admitted to anyone before, and marks a more collaborative build up to the significant act of disclosure which was not premeditated.

**5.6.4 Significant Disclosure Events in the context of the developing therapeutic relationship.** Across all five accounts, participants described the process of making disclosures as significant, giving them a voice where they have perhaps never had one before. Contextualised within the map of the therapeutic relationship, participants' accounts of SDEs touched upon all three categories in describing the emergence of the event, emphasising both their role and their counsellor's role to varying extents. However, given that participants emphasised the process of authentic personal disclosure as a defining feature of such events, it was felt that SDE held the strongest resonance with Category 2 ('More myself: Freedom to be authentic').

## **5.7 Significant Insight Events**

Four participants described five Significant Insight Events (SIEs) in which they and their counsellor had, to varying extents, developed a new and important insight which had an important effect on the counselling. Although all eight participants spoke about insight events arising in their counselling experience, only four specifically described them as *significant*. Whilst SDEs described events where the participant felt able to take a leap and disclose something intimate that they were keeping to themselves, SIEs described events where new information—either known or unknown to the participant—was relayed or generated in the session. It was this generation of insight which was perceived to move the therapeutic relationship forward. The results of the analysis are represented diagrammatically in Figure 4.

Figure 4. Significant Insight Event



**5.7.1 Sub-category 1: Increasing counsellor's insight.** Two participants identified three SIEs which described how the sharing of information improved the counsellor's insight into their situation. Two of these descriptions involved parties external to the therapeutic space (the participant's father, and CAMHS), and one described a direct disclosure the participant made which provided the counsellor with information the participant considered central to his story. In both descriptions, the events were identified as significant in the development of the therapeutic relationship because they enabled the counsellor to witness something that was perceived to allow them to develop a more robust insight into what participants considered to be key aspects of their lives. This exchange of information provided the counsellor with new insight, which in turn was perceived to change the tone and direction of the therapeutic relationship.

Carl describes how he presented with behaviour that was considered inappropriate to others, something he attributed to his diagnosis of Asperger's syndrome. His counsellor learning of his diagnosis was identified as a SIE, as it helped her understand and accept his inappropriate behaviour, and adapt her manner towards him:

*Carl:* [counsellor] seemed quite- a bit taken aback at first with things I was doing, and then, like, after [receiving information of diagnosis] she seemed to understand does that make sense?

*Researcher:* Right, so her approach to you was different?

*Carl:* Yeah

*Researcher:* OK

*Carl:* Like, like- she was never really strict and told me off, but, d'you get where I'm coming from yeah

*Researcher:* How did it feel, what kind of, 'telling off' what would it have been like before?

*Carl:* Like a disapproving telling off, like [exasperated tone] "Carl..." like that, whereas now, it's kinda not... like, "Don't do that, like, go about it a different way"

(Carl, line 346-369)

Ashley identified a disclosure about his father as significant in that it introduced what he considered to be a key piece of information, which went on to define his life:

The reason that I've highlighted it is because it was kind of, it was kind of, what explained my whole situation in terms of where I was. After that—because for me, it was like, 'life before that' and 'life after that'. (Ashley, line 264-268)

For Ashley, sharing this key piece of information was necessary for counselling to be effective. Rather than describing the process of building up to this disclosure (culminating in the disclosure itself) as the significant event, it is the *exchange of information* itself and the imparting of new knowledge which is identified as significant.

**5.7.2 Sub-category 2: Improving self-insight.** Two participants described instances where having a conversation with her counsellor allowed an important new self-insight to emerge which they would not have considered independently:

The session before that cos like that's when I've been the most open. So like we touched on things that I didn't really think were a problem... I didn't think they were part of the reason why I was coming here, but um, the more that we started talking about it, it kind of hit me that actually it was quite a big thing... I think I mentioned something, and then my counsellor kinda- was like, "Can you explain this to me, like can you tell me more about this?" And then, um, when I was telling her, I like kinda realised that actually it wasn't like just a normal thing, like, it was something that I should talk about. (Madeline, line 136-157)

Madeline described how her counsellor's intervention followed her being 'the most open' she had ever been. Although this acknowledges her own unexpected role in the emergence of the SIE, Madeline strongly emphasises her counsellor's contribution (in terms of asking the right questions) in co-constructing the helpful and significant insights.

Similarly, Tammie describes how a disclosure relating to her dislike of herself provided the counsellor with an important insight into Tammie's character, which enabled her counsellor to challenge Tammie. This challenge helped Tammie gain new self-insight. Similarly to Madeline, Tammie's account emphasises the importance of being able to talk, in order to provide the counsellor with material from which to generate new insights:

I think we were speaking about why I was kind of unforgiving towards myself and she said, "Oh"—' I said, "Oh, for the longest time I thought I was some evil, manipulative [laughs] child or something!" And I think, from that point, she kind of understood me a lot more... and after that I think um, she understood more and brought it into sessions more. Yeah, and that changed our relationship... [Counsellor] was like, "Oh, well no, look at a picture of yourself, and then um, and then you'll understand that no you were just like a kid" and stuff, and I was like oh! And that like changed my point of view of myself a lot (Tammie, line 642-668)

**5.7.3 Significant Insight Events in the context of the developing therapeutic relationship.** Across all four accounts, participants describe a pragmatic exchange of information which allowed new knowledge to be generated. In contextualising the SIEs within the conceptual map (Figure 3) it once again it emerged that all the categories contributed towards the emergence of the SIE described. However, due to the emphasis that all four participants place on their counsellor receiving and producing new knowledge, it was felt that SIEs held the strongest resonance with the category 'Counsellor's contribution'.



## Chapter 6

### Discussion

The first aim of this study was to construct a substantive theory of the processes involved in the development of the therapeutic relationship from the perspective of young clients. The previous chapter demonstrated the analytic process which resulted in the emergence of the final GT: 'Defying expectations: co-construction of a unique therapeutic relationship'. This central process captured the development of a therapeutic relationship which was salient in its difference from other relationships with both peers and adults. Three processes which contributed towards the central process were identified: 1. The 'doing' of counselling, 2. 'More myself': Freedom to be authentic and 3. Developing a 'felt-sense' of the counsellor in relationship.

The second aim of this research was to explore participants' experiences of self-identified significant moments or events in the developing therapeutic relationship, and to explore what relevance the phenomenon of relational depth might have in young clients' descriptions of these. Whilst participants struggled to conceptualise of significant relational moments in line with the description of relational depth provided, all participants were able to describe significant relational events they had experienced with their counsellor. Two types of significant relational events were identified: SDEs, and SIEs. Considered in the context of the conceptual map from the first stage of analysis, it emerged that SDEs and SIEs highlighted particular relational process categories as more central and important to participants' relational experiences.

The following section will discuss the processes identified in the context of other research, and implications and practical applications will be discussed.

## 6.1 The Development of the Therapeutic Relationship

**6.1.1 Central process— ‘Defying expectations: Co-constructing a unique relationship’.** Participants descriptions of the processes involved in the development of the therapeutic relationship placed a strong emphasis on the respective roles of counsellor and client in the counselling interaction, shedding some light on the complex, interlinking and dynamic process by which these roles interacted. This central theme arose from the emphasis participants placed on respective roles and more specifically, a perceived *transcendence* of these expected roles. Across the three categories, participants emphasised the unique and surprising qualities of the therapeutic relationship, echoing the finding that expectancy disconfirmation relating to the degree of collaboration, extent to which the client feels comfortable, and freedom to direct therapy, is important to adult clients (Westra, Aviram, Barnes & Angus, 2010).

**6.1.2 The developing therapeutic relationship.** In describing the development of the therapeutic relationship, participants identified factors that corresponded to three of the four domains highlighted in McArthur et al.’s (2016) study exploring helpful factors and change processes in humanistic school-based counselling: counsellor-related (e.g., personal qualities, listening), client-related (e.g., talking about emotions), and relational (e.g., dialogue, liking/closeness). However, while each of the current process categories perhaps emphasised one of the three domains, it is perhaps more accurate to say that all three domains were present to varying extents in each of the categories. The suggestion from this study is that young clients have a sense of their agentic role in developing the counselling relationship (Bohart & Tallman, 1999), and that this occurs through an active ‘give and take’ process.

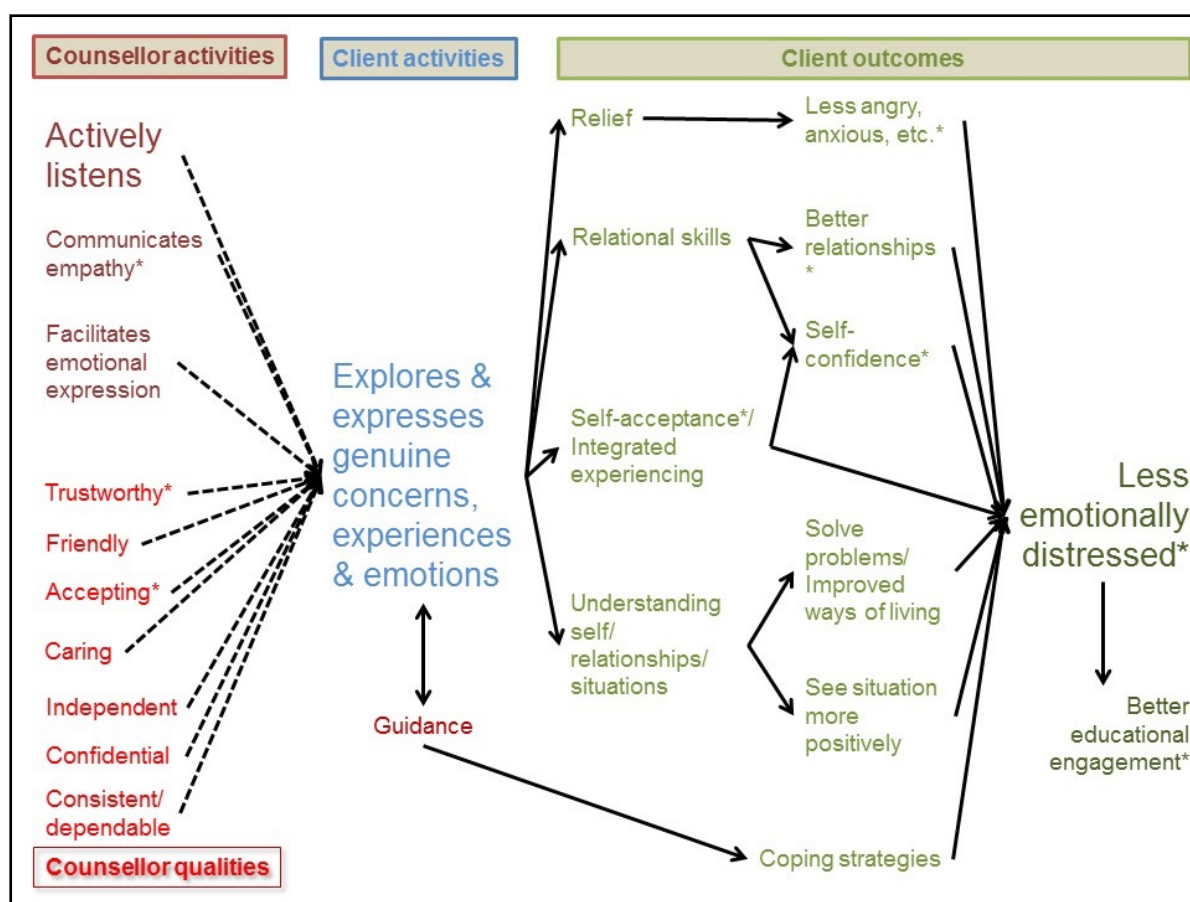
**6.1.2.1 Category 1: The ‘doing’ of counselling.** This category related to the fulfilment of the tasks of counselling, and the counsellor demonstrating their competence to create a

comfortable relationship. Counsellor-related factors involved in therapeutic change and positive outcome have been conceptualised as ‘counsellor’s personal qualities’ (e.g., McArthur et al., 2016) across helpful factors studies, a term that has been used to encompass both what the counsellor does, or ‘counsellor activities’ (e.g., listening, suggesting activities, giving advice, being understanding, and asking questions), as well as their personal traits, or ‘counsellor qualities’ (e.g., being nice, open, informed, happy, relaxed, enthusiastic, putting the client at ease, non-judgemental, and relatable) (Cooper, 2004; Bondi et al., 2006; Lynass et al., 2012; McArthur et al., 2016; Davis, 2015). Although it varied across accounts, participants described how the effective ‘doing’ of counselling involved the counsellor bringing together the pragmatic elements (e.g., providing advice to overcome problems) with the personal elements (e.g., being good, kind, caring, or open), communicating a genuine concern for the wellbeing of the young person. In this way, the meaning of the word ‘professional’ was different when compared to other professionals in their lives (such as teachers, GPs, or CAMHS therapists).

This emphasis on counsellor actions and counsellor personal qualities in the effective ‘doing’ of counselling lends support to the School Based Humanistic Counselling (SBHC) process model (figure 5), compiled from ‘empirical evidence – mainly from interviews with young people of what is experienced as helpful in SBHC, and how it helps’ (Kirkbride, 2016, p.9) which distinguishes between ‘counsellor activities’ and ‘counsellor qualities’ as separate input factors in the counselling process which come together to facilitate the primary client activities— described as ‘the exploration and expression of genuine concerns’. The current research suggests that these processes are closely interlinked, and contribute to the therapeutic relationship in a cyclical rather than linear nature; rather than counsellor activities and qualities facilitating client activities in terms of a linear ‘input’, client activities (such as talking at different ‘levels’ of depth, and in different ways) were considered to facilitate

counsellor activities, paving the way for them to ‘do’ counselling. In turn, counsellor activities and qualities influenced client activities (disclosure) in terms of depth and willingness to disclose (Lynass et al., 2012). The cyclical nature of the development of the therapeutic relationship echoes McArthur et al.’s (2016) finding that the change pathways young clients identified all involved the input of both the counsellor and the young client, but placed different emphasises on their respective contributions. Participants in the current study were able to explore this more closely when considering ‘lit up’ significant events in the context of the therapeutic relationship

*Figure 5. School Based Humanistic Counselling (SBHC) process model (unpublished ETHOS manual, p.9)*



Participants’ descriptions of their counsellor being alongside them and getting to know them at a different level bears some resemblance to the most commonly cited helpful factor identified by young clients: being able to talk to someone who listens and understands

(Dunne et al., 2000; Cooper, 2004; Cooper, 2009; Hill et al., 2011; McKenzie et al., 2011; Lynass et al., 2012; Griffiths, 2013; Street, 2014; McArthur et al., 2016), and holds a strong resonance with the Rogerian concept of empathy (Davis, 2015). Additionally, descriptions of the counsellor actively welcoming and wanting to know the young person at a deeper level bears some resemblance to the Rogerian condition of genuineness.

The current findings tentatively suggest that counsellor activities contribute to the development of a positive therapeutic relationship by showing the counsellor to be competent in their role. This suggests that rather than the bond providing a platform upon which the successful completion of counselling tasks can occur, the completion of these tasks had a relational consequence, contributing towards the strengthening of the therapeutic relationship as well (Bordin, 1979). This finding has been identified across the adult literature (Bachelor, 1995; Mohr & Woodhouse, 2001; Bedi et al., 2005b) and suggests that the pragmatic and relational aspects of counselling may be inter-related (Pinsof, 1994) for young clients as well.

*6.1.2.2 'More myself': The freedom to be authentic.* Participants described how they navigated and negotiated a process of moving from a position of personal inauthenticity to a position of greater authenticity in their relationship with their counsellor, where they were able to bring more parts of themselves without fear of judgement and thus contribute to the 'doing' of counselling by fulfilling their 'role' (as discloser) within the interaction.

References to not feeling judged and being accepted where others might not have accepted them have been identified by young clients across studies (e.g., McKenzie et al., 2011; Lynass et al., 2012) and resonated with the Rogerian core condition of UPR. However, whilst an interpersonal relationship characterised by UPR did contribute to the process of becoming more authentic, it was evident that some participants described this process as much more privately and internally negotiated. This suggests that moving towards

authenticity was seen as a collaborative but also a personal process which required agency, similarly to what participants in Thompson (2003) reported. In other words, whilst the counsellor's skills and personal qualities perhaps provided a platform for participants to authentically express themselves, some participants also expressed a personal motivation to do so. This internal process was identified as contributing to the emergence of significant disclosure events.

An interesting finding was that for some participants, their ability to talk at various 'levels' of interaction functioned as a barometer of the developing authenticity of the therapeutic relationship, both in terms of the content of the speech (e.g., informal chat, more intimate topics) but also their process of talking (e.g., blurting out, gossiping). Opening up was considered an extremely important aspect of participants' experiences, for a number of reasons. For some, talking enabled them to fulfil their role in counselling by providing the counsellor with material to work with, and opening up more enabled this work to go deeper. For others, talking and getting things out brought with it a sense of relief which made the counselling more helpful, a common finding which has been identified across helpful factors studies (e.g., Griffiths, 2013), and which McArthur et al. (2016) identified as the most common helpful change process resulting from talking about emotions. For one participant, the process of talking openly was described as a learnt skill, and in this way constituted part of the 'work' of counselling.

*6.1.2.3 Developing a 'felt-sense' of a real relationship.* This category described participants' experiences of being in a genuine relationship which in some way extended beyond the perceived remit of what a relationship with a professional, a counsellor and an adult, could be. This category bore some resemblance to the theme 'allowed mutuality and emotional closeness' identified by Binder et al. (2011) in their study of adolescent clients' descriptions of important experiential dimensions in their therapeutic interactions, and

depended on the counsellor's ability to be authentic with the young person, and to interact with them at multiple levels. Some participants referred to their counsellor as being more than a counsellor, and more similar to a friend, demonstrating a mismatch between their preconceptions of a counsellor or their experiences of previous counsellors. Some perceived being able to interact at an informal level as going beyond the 'feelings and stuff' remit of counselling, signalling the possibility of a different kind of interaction. The finding that half of the participants identified being able to interact in a different, less formal way with their counsellor contributes a unique finding to the existing body of literature, particularly in relation to the core condition of genuineness/ authenticity, and will be explored in the remainder of this section.

**6.1.3 The Rogerian core conditions.** Empathy, congruence (hereby referred to as genuineness) and UPR could be identified across the three primary categories and the central process, supporting the idea that the core conditions when delivered together help to develop a strong therapeutic relationship (Rogers, 1957) and lead to better therapeutic outcome (e.g., Truax, Altmann, Wright & Mitchell, 1973). It was striking that counsellor *genuineness* featured most noticeably across all three categories, despite the suggestion that young people might be expected to struggle with identifying it more than they would for other core categories (Davis, 2015). This is perhaps because the genuineness participants identified did not relate to the counsellor's internal congruence, but rather to their sense that the counsellor was authentic and real in the interaction. Another interesting finding was that participants' reflections on genuineness did not only describe the counsellor, but also *their own personal process* of becoming more authentic.

**6.1.3.1 Directionality.** It is interesting to consider to what extent the *provision* of the core conditions positively impacted on the development of a strong therapeutic relationship. Horvath & Luborsky (1993) have criticised the person-centred approach on the grounds that

it emphasises the provision of the core conditions *towards* the client, depicting a fairly unidirectional treatment whereby therapy is ‘done’ to the client. They suggest that this creates ‘a presumption of a fated response [by the client] to the correct attitude of the therapist’ (p.562), which does not account for ‘variations in the clients’ ability and motivation to respond to the offer of such a relationship’ (p.562). Similarly to the current findings, other research has suggested that young clients are more active during change processes than therapeutic models would suggest (Binder et al., 2011), which is perhaps unsurprising considering the client is the primary object and source of change (Bergin & Garfield, 1994; Bohart & Tallman 2010; Hagman, 2014). In this sense, it seems that it is the *client’s* perception of their therapist’s deep valuing and acceptance (Bachelor, 1988, Bachelor & Horvath, 1999), as well as their own recognition of their motivation to engage (Lambert & Bergin, 1994) and their decision to be more active and agentic (Rennie, 2000; 2001), that is most influential in the development of a strong therapeutic relationship. The current research suggests that young clients perceive the receipt of genuineness from their counsellor, *as well as their own developing ability to be genuine*, as integral in the development of the therapeutic relationship. Category 2 highlights the importance of self-genuineness as allowing the young person to contribute towards the development of the therapeutic relationship, by being more honest in the content and process of their disclosures. This personal authenticity, whilst perhaps modelled on the counsellor’s provision of the core conditions, was to varying degrees also described as self-motivated, suggesting young clients are also aware of and draw on personal resources and motivations to actively pursue the development of a therapeutic relationship in which they have a vested interest. It is however worth noting that although all of the participants in this study were referred to counselling by adults, they all felt positive about the referral and did not express any resentfulness or resistance to attending counselling. It is likely that had participants felt resistant towards



counselling would not have emphasised their personal agency and self-motivation to develop the therapeutic relationship in the same way, and would not volunteer to participate in research of this nature.

*6.1.3.2 Genuine conversation.* Participants appeared to develop positive feelings for their counsellor based on features which are not considered traditionally therapeutic (Shirk et al., 2011), such as their openness to interacting at an informal level. Participants described different types of talk (e.g., rapport building, intimate disclosure) which contributed towards the development of a more authentic therapeutic relationship. A number of participants referred to the role that informal conversation— used to describe any interaction which moved the participant away from the perceived ‘remit’ of counselling— had in the interaction. Some described how it put them at ease, or allowed them to bring in different sides of themselves, simultaneously provided a platform for counsellors to demonstrate their genuineness and to move the relationship towards a position of friendship and away from a ‘professional’ interaction, a finding which is echoed by a recent thematic analysis exploring 63 young clients’ priorities for engagement with their counsellor (Gibson, Cartwright, Kerrisk, Campbell & Seymour, 2016). Informal conversation was identified as a relational variable which defied participants’ expectations of what the therapeutic relationship and counselling more generally would be like. This is captured in Category 3, in which the counsellor’s openness to informal conversation served to move the interaction beyond ‘the counselling’, establishing the counsellor as someone who the client could talk to at many different levels and someone who they could present with all the ‘parts’ of themselves (regardless of whether these parts adhered to any preconceived notions of how they thought they should be in counselling). This freedom to go ‘off-track’ created a relationship which felt more real, emphasising the dynamic, unpredictable and ‘sloppy’ (Stern et al., 1998b) nature of genuine interaction.

Whilst Category 3 described participants' acknowledgement of their counsellor's genuineness through informal conversation, Category 2 emphasised participants' sense of their own developing authenticity in the relationship. Under Category 2 (sub-category 'talking vs opening up) participants' ability to initiate informal conversation is addressed from the slightly different angle of seeking to build an initial level of rapport with the counsellor from which counselling could 'happen'. Becoming more authentic was associated with an ability to move towards the 'bigger' topics that were 'really bothering' participants—something which constituted participants' primary 'role' in the cyclical and co-constructed development of the therapeutic relationship. For some participants, moving towards a higher level of authenticity involved an initial level of informal conversation (talking 'about something') to establish rapport. Given the emphasis that all participants placed on the importance of being able to talk in counselling, it is unsurprising that using informal conversation as an 'icebreaker' for establishing some level of conversation was considered important in moving the relationship towards a less awkward place, and building a level of authenticity from which more intimate levels of talk could occur. This result echoes the finding in Lynass et al. (2012) that young people identified being able to talk more easily as a positive interpersonal change.

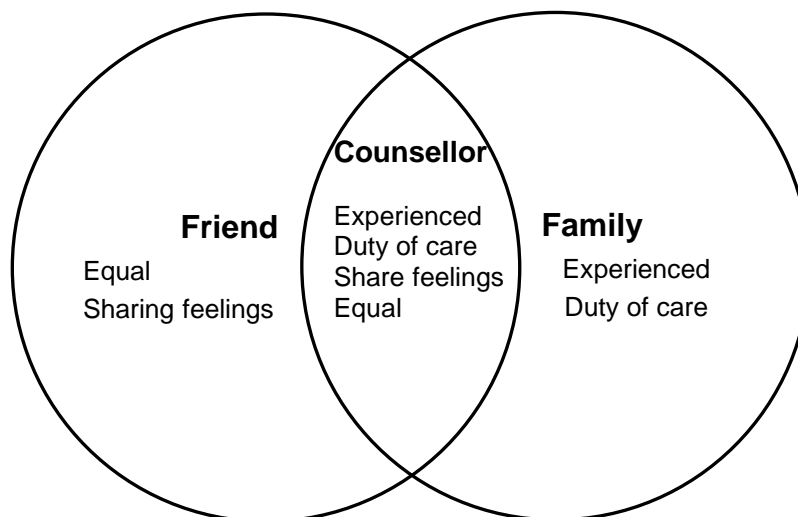
*6.1.3.3 Informality and a unique relationship.* While it has been suggested that an overly formal counsellor is a negative predictor of alliance formation in children and young people (Creed & Kendall, 2005), this area remains largely unexplored in the field of child and adolescent psychotherapy. The contribution of friendliness and informality in other fields, such as nursing, has been advocated as a way of promoting a practitioner-patient partnership build on a foundation of equality (Hunt, 1991). Atkinson (1982) described informality as 'being equated with a relaxed atmosphere in which there need be few inhibitions about speaking' (p.95). Atkinson noted that formality and informality tended to be compared as

opposing sides of a dichotomy, something which emerged in a number of participant accounts in the current study. This serves to emphasise the salience of informality *in relation to* formality, which is particularly pertinent when considered in the context of the central category to emerge from the current GT: ‘Defying expectations: Co-constructing a unique therapeutic relationship’. Participants’ perception of the therapeutic relationship as providing scope for all kinds of interactions—including informal interaction—served to *differentiate* it from other formal relationships with adults, characterised as relationships with rules (e.g., with teachers or parents). Contrastingly, being able to have an informal conversation with their counsellor, and to move between different levels of conversation, was significant in positioning the counsellor as a different kind of adult who could be related to differently.

*6.1.3.4 Equality, power and difference.* Any therapeutic endeavour necessarily involves a power differential which emerges from ‘the identities of helper and helped’ (Mandell, 2008, p.239) inherent in the therapeutic microcosm. The power imbalance between an adult counsellor and adolescent client is multi-faceted, consisting not only of the imbalance between ‘helper’ and ‘helped’, but also that of ‘adult’ and ‘child’, in which the latter has traditionally been ‘marginalized in [an] adult-centred society’ (Punch, 2002, p.323). Given the characteristic battle for autonomy associated with this developmental period (Sasson-Edgette, 2001; Bolton Oetzel & Scherer, 2003), in which young people are situated along a spectrum somewhere between childhood and adulthood, it is perhaps unsurprising that participants identified their counsellor’s respect for autonomy and equality as important (e.g., Binder et al., 2011). The current research expands on this point by suggesting that it is not just the counsellor’s respect for the young person’s autonomy, but also the *novelty* of this reaction in comparison to other adults in their life, which is important. Participants’ decision to engage at an informal level with an adult in a more pronounced position of power served to function as an ‘equaliser’, diverging from any preconceptions of ‘the work’ of counselling,

and contributing towards an understanding of the counsellor as genuinely different from other adult professionals in their ability to be alongside the young person *despite* their adult status. This difference contributed to the formation and development of a genuine relationship with ‘someone in [their] own category’ (participant, in Binder et al., 2011, p.562) who was different to other adults and professionals (Sagen, Hummelsund & Binder, 2013), requiring a new relational template to be created (Figure 6).

Figure 6. Diagrammatic representation of creating a new relational template for ‘Counsellor’



Rather than being exactly like a friend or exactly like a family member, the unique and salient genuineness of the counsellor required the carving out of a new relational template based on a felt-sense of the therapeutic relationship, rather than a ‘knowing’ of the role. The current findings suggest that a unique therapeutic relationship arises, in part, through the *acknowledgement of difference*, a finding which is supported by suggestions that young people respond negatively to adults who attempt to engage them through adopting youthful mannerisms (Hanna & Hunt, 1999) or attempt to become overly familiar and personal (Creed & Kendall, 2005). Like Cartwright et al. (2016), Davis (2015) and Cooper

(2004), the current research suggests that participants do appreciate an ‘adult perspective’ where it is delivered in the context of a collaborative and non-authoritarian relationship; rather than the counsellor stepping out of the role of ‘adult’ and ‘counsellor’, it is their ability to stay in this role but to *do it differently* which is important in their being able to relationally meet their client.

Also relevant to this point regarding salience is the idea proposed by A. Freud (1946) that therapists are likely to fulfil very different needs for children based on deficiencies the child might be experiencing in their other relationships with other adults. For example, the therapist might function as an attentive playmate in the absence of any other, and would be viewed more favourably in line with their ability to fulfil this function. It is interesting to consider to what extent the salience of the counsellor as a different kind of professional and adult depends on other caregivers and professionals in the young person’s life, something which is alluded to by participants’ comparisons of different types of adult professionals in their lives.

## **6.2 Significant Relational Events**

The second aim of this research was to explore young clients’ experiences of significant relational events within the context of a developing therapeutic relationship. Significant relational events highlighted aspects of the relationship which were identified as salient, bringing certain relational narratives identified in the first stage of analysis into sharper focus. Similarly to Gibson & Cartwright’s (2014) finding that young people have different narratives regarding the purpose of counselling (which emphasise different counsellor traits), the results from the second analysis suggests that young people have two primary narratives regarding the role of the therapeutic relationship, represented by two overarching categories: Significant Disclosure Events (SDE) (n=5) and Significant Insight Events (SIE) (n=5).

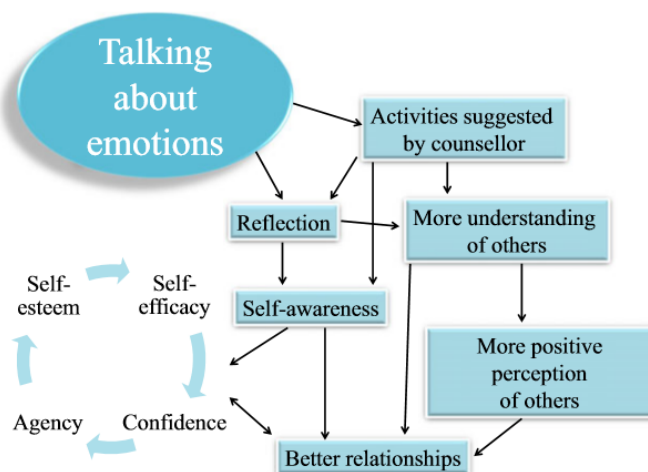
**6.2.1. Significant Disclosure Events.** SDEs described significant relational events in which participants identified the process of disclosing something sensitive to their counsellor as significant and relationally salient. Such moments emerged against the backdrop of a strong therapeutic relationship, but emphasised the young person's agency in determining the emergence of the event. Descriptions of personal choice, faith in the counsellor's non-judgmental attitude and talking at a deeper level located SDEs in Category 2 ('More myself: Freedom to be authentic'). SDEs were often associated with the relief of getting something burdensome 'out' (McArthur et al., 2016). Extending beyond this, the current findings suggest that in addition to relief, deciding to disclose also had important implications for how young clients perceived the therapeutic relationship, and their position within it.

Descriptions of SDEs resonate with McMillan & McLeod's (2006) finding that clients experienced a positive willingness to 'let go' in therapy, thus entering the relationship at a deeper and more enduring level. Letting go involved the client making 'a decision to give themselves over to the relationship, to abandon their protective stance' (p.284), a decision which was based on the interplay of two factors: client readiness to engage, and perceived ability/ willingness of the therapist to engage. This bears some similarity to the current finding that as well as receiving the core conditions from their counsellor (which perhaps set the stage for a stronger and more intimate therapeutic relationship to develop), most of the participants who described SDEs alluded to a personal desire and motivation to relate at a deeper level.

**6.2.2 Significant Insight Events.** Five significant insight events were identified by four participants, and described moments in which new insight was delivered or created which was perceived to progress the counselling in some way. SIEs corresponded most strongly with Category 1 (The 'doing' of counselling), placing an emphasis on the pragmatic elements of the interaction. These participants demonstrated a pragmatic narrative (Gibson &

Cartwright, 2014) which emphasised how helpful they or their counsellor could be in terms of providing important information, alternative perspectives, advice and solutions. Therefore, the generation of new knowledge marked a significant contribution in moving the therapeutic relationship forwards. SIEs were described as events which enhanced knowledge or understanding for either member of the therapeutic dyad. In their depiction of an Insight process-model (Figure 7), McArthur et al. (2016) describe how ‘talking about emotions led to reflection, which was *often, but not always*, linked to specific activities suggested by the counsellor’ (p.94, emphasis added). This echoes the current finding that participants viewed insight as co-created. Adding to this, the current research tentatively suggests that young clients perceive the acquisition of new knowledge by *both members of the therapeutic dyad* as significant, not just the development of their own self-awareness.

Figure 7. Diagrammatic representation of ‘Insight’ process-model (McArthur et al., 2016, p.94)



Although only five participants identified insight events as significant in the development of the therapeutic relationship, insight events emerged across all eight accounts. Accounts of SIEs emphasised the importance of the counsellor being able to stay with their

client, but also to *move beyond* what they were saying to move them forward in their counselling experience. This echoes Lynass et al.'s (2012) finding that some young people identified not getting enough guidance from their counsellor as unhelpful. It seems that going beyond what the young client says *can* be helpful, perhaps when delivered in the context of a collaborative relationship characterised by genuine care rather than in a punitive or prescriptive manner (Davis, 2015). Going beyond what the client says draws some resemblance to the psychodynamic technique of interpretation, which draws on the practitioner's theoretical knowledge as well as their observations in the therapeutic space. The current findings suggest that young people who value the development of new insight might value interpretation techniques which move beyond their disclosures to explicitly incorporate the theoretical and personal knowledge of the counsellor, but that this should be done in a sensitive way which clearly demonstrates respect for their contributions, insights and autonomy (Della Rosa, 2016), and which keeps the young client alongside.

**6.2.3 Previous significant events research.** The significant event categories identified in this study bear striking resemblance with the suggestion that therapeutic alliance can be conceptualised in terms of two overarching concepts: task-based alliance and relationship-focused alliance (Hougaard, 1994), which are both collaboratively co-constructed. SDEs were characterised by a heightened awareness of the interpersonal and intrapersonal qualities of the therapeutic relationship, corresponding with the concept of the relationship-focused alliance. SIEs emphasised the purpose, goals and tasks dimensions of the therapeutic alliance, corresponded with the task-based alliance category. Importantly, in describing the development of a strong and positive therapeutic relationship all eight participants identified relationship-alliance *and* task-alliance factors, but varied in their attributions of significance to these events. This supports the suggestion that both relationship and task-alliance factors are mutually complementary and necessary in the development of the other (Pinsof, 1994),



but also that clients' differing narratives regarding the purpose of counselling will make one alliance factor more prominent (Gibson & Cartwright, 2014).

Furthermore, there is significant overlap between the current findings and findings from other significant event paradigm research conducted with adults. In one of the earliest significant events studies conducted, Elliott (1985) asked clients to identify significant helpful events from their therapy and the impact of these significant events. He divided these into two superclusters: Task supercluster (e.g., new perspective, problem solution), and Interpersonal supercluster (e.g., understanding, personal contact), corresponding to the significant relational events identified in this research. Similarly, a meta-analysis by Timulak (2010) explored client-identified significant moments in the therapeutic process, and found that client-identified helpful events across 41 studies most frequently related to the therapeutic relationship (e.g., feeling understood), or to in-session outcomes (e.g., insight).

It is interesting to consider whether participants in this study would have identified the same significant events even if the question had not specified that they consider significant events in their 'relationship with [their] counsellor'.<sup>23</sup> In terms of directionality, the findings suggested that participants initially identified significant events, and through the interview process considered what the event had meant for the therapeutic relationship more specifically (in line with the questions). This will be explored in the context of the changing interview schedule, which was adapted in accordance with the finding that participants struggled to conceptualise a moment of relational depth.

### **6.3 Do young clients experience moments of relational depth?**

Whilst previous research suggests that adult therapists and clients experience moments of relational depth (Cooper, 2005; Knox, 2011; Knox & Cooper, 2010), and experienced such moments as highly significant and healing (Knox, 2011), this remains

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<sup>23</sup> See Appendix 13b

inconclusive in regards to young clients. The decision to remove the description of relational depth occurred because the interviews seemed to reveal a process of retrospective deduction, whereby participants considered—in hindsight—what had been occurring between themselves and their counsellor when a significant event arose. This retrospective element perhaps provides some insight into why the original concept of relational depth—a concept very much grounded in the *present experiencing* of relational phenomena—might have proved difficult for participants to conceptualise, and even blocked their ability to reflect. However, removing the description of relational depth from the interview schedule only reflected a growing understanding of the questions which were appropriate to ask (Willig, 2013), and should not be taken as conclusive evidence that young clients do not experience relationally deep moments of meeting as the phenomenon is currently conceptualised. The function of this research, then, was not only to contribute towards expanding discussion around whether young clients experience moments of relational depth as currently conceptualised in the literature, but also to expand the language used to conceptualise relational depth.

At a developmental level, it is important to consider that children and young people may not possess the linguistic tools for describing intimate relational experiences (Hawkins, 2013) even if they do experience them, or may feel embarrassed disclosing their experiences to a stranger. The latter may be exacerbated by the fact that in this case the researcher is not only a stranger, but an adult who has some level of contact with their counsellor—a largely unavoidable limitation of most research with this demographic. Furthermore, young people might find the words used to describe relational depth (such as ‘close’ and ‘relationship’) inappropriate to use in reference to an adult in a professional capacity, something which is expected to be less pronounced for adult clients.

Interestingly, despite struggling to conceptualise of a relationally deep moment in line with the description provided, descriptions of SDEs held some resonance with adult clients' descriptions of relational depth (Knox, 2008), suggested that some participants perhaps did experience moments resembling relational depth as it is conceptualised in adult studies, but that the *method of enquiry* was inappropriate for identifying these moments. Descriptions are intended to provide an outline of a phenomenon, which functions as an anchor or hook around which one can consider and compare their experiences (de Rivera, 1981).

Participants' difficulties connecting their experiences to the 'anchor' provided by the adapted description does not necessarily mean that they had not experience moments akin to this, but perhaps that the 'anchor' did not provide an appropriate basis for them to consider such experiences. For example, the description could have been inappropriate because it highlighted aspects of relational depth which were irrelevant to young people (thus making the 'anchor' description irrelevant). Alternatively, it is possible that even if the participant had experienced something akin to what was delineated in the description, the aspects of the description (e.g., closeness) were more peripheral than they were central and defining to the experience. In this case, the 'anchor' would not be a central enough part of the experience to prompt a memory of the event.

Support for the latter comes from the finding that participants appeared more able to first identify concrete significant events in counselling, before expanding on them to describe how they experienced the therapeutic relationship during the event. Allowing the participant to select their own significant 'anchor' experience from which to consider the therapeutic relationship provided a less abstract route into exploring what their experiences of the therapeutic relationship were during these self-identified significant events. For some participants, the consideration of the therapeutic relationship in the context of a self-identified significant event felt more like an afterthought deduced in hindsight during the interview

process, *rather than a defining primary experience* which they were necessarily aware of at the time.

**6.3.1 Overlap with existing relational depth research.** Despite not identifying moments in line with the description of relational depth provided, there was some overlap between participants' responses and existing relational depth research. In particular, the results of Knox's (2008) qualitative study exploring clients' experiences of relational depth drew some resonance with the accounts of SDEs provided by five participants in the current study. Being attuned to the counsellor's response resonated with Knox's (2008) finding that clients perceived the therapist as patient, accepting, inviting and supportive during the moment. A sense of the counsellor defying expectations during the event bore some resemblance to Knox's (2008) finding that the therapist was experienced as accepting, and presenting something over and above their role. Furthermore, a greater sense of personal agency resonated with Knox's (2008) finding that clients felt proactive and brave during moments of relational depth. Given the finding that participants in the SDE group identified their personal agency and authenticity as an important element of the emergence of such events, and that all three participants in the pilot interview identified SDEs, it is somewhat unexpected that the description of relational depth (which touched on personal authenticity in asking participants to describe a time when they 'could really be [themselves]' with their counsellor) did not resonate with the experiences participants described. It is perhaps more accurate to say that in this instance, the description may not have been relevant enough to prompt memories of these events.

Unlike participants in the SDE group who described events which emphasised their interpersonal and intrapersonal experiencing of a therapeutic relationship that was experienced in greater clarity (Cooper, 2005), participants in the SIE group described significant task-oriented events which were perceived to make counselling more helpful, and

by extension to improve the therapeutic relationship. Given the lack of centrality afforded to the therapeutic relationship, it is perhaps unsurprising that participants' accounts of SIEs did not closely resonate with the results from Knox (2008).

#### **6.4 Implications for practice**

Given the recent drive to incorporate evidence-based practice into psychotherapeutic work with children and young people (e.g., Midgley et al., 2017), it is important to consider what new insights can be gleaned and practically incorporated into existing practice. These results provide additional suggestions of factors which contribute to the development of a strong therapeutic relationship, which can be used to highlight previously untapped yet potentially valuable insights.

The suggestion that informal conversation can play an important role in the development of a genuine therapeutic relationship encourages debate regarding the purpose of informal 'chat' as a relational process, rather than a barrier to any preconceived notions of 'the work'. This does not suggest that counsellors should initiate informal conversation; indeed, engaging in informal conversation with clients often involves a different type of self-disclosure which requires careful ethical consideration on a case-by-case basis (Lazarus, 1994). Rather, the findings suggest that counsellors should remain open to and curious about how and why young people might initiate informal interactions and what this might indicate about how they feel about their counsellor, rather than viewing them as a frustrating and inappropriate divergence from the therapeutic 'work'. The results suggest that showing a willingness to openly engage with a young clients' exploration of informality in the therapeutic space, without encroaching on or mimicking youth culture, is likely to set the counsellor apart from other professional adults in the young persons' life, and to contribute towards the development of a strong and genuine therapeutic relationship. It would seem that informal conversation could raise a number of difficulties for psychological practitioners, but

that these might be more pronounced for practitioners working with children and young people who might be more likely to fear that their motives will be looked on suspiciously (Hawkins, 2013). This provides scope for future research to explore therapists' and counsellors' attitudes to informal interactions, as well as clients' experiences of informal conversation and how this might influence therapeutic outcome.

Secondly, the finding that participants identified two distinct types of significant relational event resonates with Gibson and Cartwright's (2014) finding that what is salient to young clients may depend on what they understand the purpose of counselling to be. The current research extends this finding, suggesting that young people also have narratives about the *type of therapeutic relationship* they perceive to be helpful, and that identifying those events young clients identify as significant in their counselling might serve to highlight particular relational processes which they will experience as more central in the development of a strong therapeutic relationship. Establishing whether young clients identify more with a significant disclosure narrative or a significant insight narrative can help inform practitioners of what these particular relational processes might be. The suggestion from this research is that initiating reflection around events which were felt to have been potentially significant to the therapeutic relationship not only provides space for the young person to consider them in real time, but can also provide a counsellor with insight into the relational processes which the young client might value more and which might develop a stronger therapeutic relationship. For example, a young client who emphasises the personal importance of disclosing might form a stronger therapeutic relationship with a counsellor who can stay with what they are saying without offering interpretations or different perspectives, and provide a space for them to explore their developing authenticity. Alternatively, a young person who pragmatically presents information to their counsellor might form a stronger therapeutic relationship with a counsellor who can demonstrate their ability to store information and

‘connect the dots’ by offering interpretations and new perspectives. This does not mean to suggest that a counsellor should completely change their approach with every client they meet (something which would likely be viewed as inauthentic and potentially harmful to the development of the therapeutic relationship). Rather, counsellors might do well to emphasise particular relational aspects in ways which help them better meet their client. This might be expected to be more important during the early stages of forming a strong therapeutic relationship, when clients are still establishing whether they can trust their counsellor and whether to remain engaged in counselling.

**6.4.1 Implications for the field of counselling psychology.** In considering the implications of the current research project, it is also important to highlight that the research was developed, executed and written up in partial fulfilment of a professional doctorate in the field of Counselling Psychology. Focusing on the micro-processes occurring within the therapeutic arena characterises the drive towards improving therapeutic provision in line with rigorously derived, evidence-based theory which is central to the discipline of counselling psychology. Increasingly, however, counselling psychologists are being encouraged to also consider the macro contribution of their research, in terms of its influence not just within the therapeutic space but within the wider community.

The important role of social justice to counselling psychologists describes the ‘fundamental valuing of fairness and equity in resources, rights, and treatment for marginalized individuals and groups of people who do not share equal power in society because of their immigration, racial, ethnic, age, socioeconomic, religious heritage, physical ability, or sexual orientation status groups’ (Constantine, Hage, Kindaichi & Bryant, 2007; p.24). This drive towards fairness and equality lies at the heart of counselling psychology, both in practice but also in the pursuit of knowledge through research. In relation to latter, the social justice underpinnings of counselling psychology are evident through the decisions that

researchers make about the questions they are asking, and who they are posing the questions to. In line with these values, the current research aimed to seek the voice of a demographic group that has traditionally been minimised and ignored in research, to develop a tentative theory derived inductively from their experiences. In doing so, the current research hopes to contribute towards challenging those attitudes and beliefs underlying the historical marginalisation of young people, and to demonstrate the depth of knowledge and intriguing questions which can emerge from research with young people.

Secondly, counselling psychology is dedicated to using evidence-based findings to inform practitioner practice. Whilst the current research does not purport to create a manual for developing a strong therapeutic relationship with young clients, or for creating significant relational events which contribute towards the development of the therapeutic relationship, it is hoped that the questions and ideas which have arisen from it can encourage practitioners to reflect in new ways about their work, and to consider how they might use the findings to enhance their practice.

Furthermore, counselling psychology is dedicated towards continually engaging with and challenging psychological concepts and terms, using research to determine what does and does not 'fit' in an embodiment of the 'one-size-does-not-fit-all' philosophy. The concept of relational depth, developed within the field of counselling psychology, was held tentatively throughout the research process, providing an opportunity to both challenge and expand our understanding of it in a way which is rooted in the experiences of those we were seeking to better understand.

One final point is that in line with the aims of social justice research, the findings of this study not only contribute towards expanding knowledge in the field of counselling psychology, but also provide insights for practitioners within school and community-based



counselling services, and have wider implications for educational professionals (such as teachers, and pastoral staff), for example by encouraging thought around what being a “professional” means within the remit of their role. In line with the ethos of the field, it is hoped that by encouraging reflexivity and reflectivity the current research can improve counselling provision, and contribute towards influencing policy on a larger scale (CYP-PRN, 2013) by improving outcome measures to demonstrate the value of counselling for young people.

## 6.5 Limitations

Whilst the current study has yielded some interesting results which build upon and contribute to the existing literature, there were a number of limitations which must be considered.

**6.5.1 Recruitment limitations.** Firstly, the small sample size meant that less data was gathered and that analysis did not reach full saturation. Therefore, whilst a tentative theory for the development of the therapeutic relationship and for young clients’ experiences of significant relational events has been proposed, the generalisability of this is limited and would benefit from a larger sample size to help move the analysis towards a point of saturation. Furthermore, recruitment difficulties meant that theoretical sampling could not be done in line with the symbolic interactionist underpinnings of a GT approach, which emphasises continual action and interaction in the generation of data (Chamberlain-Salaun, et al., 2013).

Whilst this research had originally aimed to contribute towards the growing body of school-based counselling research by recruiting participants from school-based counselling services, recruitment difficulties and time restraints meant that three of the participants were eventually recruited from community-based services. It is likely that the environment in

which counselling takes place impacts upon both members of the therapeutic dyad in different ways, and is likely to have had an impact upon the development of the therapeutic relationship and subsequent results.

**6.5.2 Limited representativeness of sample.** In terms of gender and ethnicity, the sample identified as primarily female (62.5%), resembling the finding that 60% of clients attending school-based counselling are female (Cooper, 2013a). Similarly, the overrepresentation of participants identifying as of White British reflects the underrepresentation of young people from other minority ethnic backgrounds, particularly Black and Asian ethnicities, across school-based counselling services (Cooper, 2013a). Therefore, the unrepresentative sample of young people in the current study is perhaps an accurate reflection of the unfortunate gender and ethnic disparity in young people accessing counselling in the UK.

The finding that all participants spoke positively about their counsellor and the counselling relationship suggests that the sample was unrepresentative of young clients, who have generally been found to be more ambivalent about counselling, and more likely to prematurely drop out of treatment (Atzil-Slonim, Tishby & Shefler, 2014). Given the subject of the research, it is perhaps expected to have attracted young clients who experienced their counselling and the therapeutic relationship positively. Another reason perhaps relates to the ethical requirements for research with young people, which involves seeking consent from a number of adult ‘gatekeepers’ involved in their care as an additional safeguarding measure. As well as protecting young people from potentially harmful effects of research, ‘gatekeepers’ might also serve to deny some young people the opportunity to express themselves (Kirk, 2007), thus invariably affecting the data that is gathered. In the current study, recruiters might have omitted certain young clients from the recruitment process on the

basis of factors apart from the suitability outlined in the inclusion criteria (e.g., how they felt the young person would reflect on them, and the counselling service).

Related to this, young clients with limited linguistic or cognitive capacities might have been excluded from participating on the basis that the data-gathering procedure took the form of a semi-structured interview. Despite the argument that meeting at relational depth is ‘more to do with the person’s ability to access their emotions and share them with another human being’ (Macleod, 2013, p.37) than their cognitive or linguistic abilities, the question of how research can capture these experiences with individuals at different developmental stages, who perhaps have less sophisticated linguistic and cognitive abilities, remains an important consideration (Macleod, 2009; 2013). Macleod (2013) suggests that such an endeavour requires that ‘information [be] devised in a meaningful, accessible format that clients... can relate to and understand’ (p.47). Conducting this research has encouraged a closer consideration of the difficulties and limitations of exploring the phenomenon of relational depth with young clients. Firstly, the task of exploring the phenomenon we call relational depth is not straightforward, given the highly subjective nature of such an experience (Mearns & Cooper, 2005; Cooper, 2005). Unfortunately, exploring the ‘possibility of a phenomenon’ (Knox, 2011, p.75) unavoidably requires some form of a description depicting what this experience might involve. Some phenomena are more directly describable through existing language, a system of communication generated through a more organic, societally-based process of ‘conceptual encounter’ spanning generations (e.g., ‘anger’, or ‘love’), which mean the words themselves already incorporate a symbolic, societally-generated description of the phenomenon. In the case of ‘relational depth’, a concept that has been derived much more recently through research and which is used primarily in academic circles, it seems unlikely that those outside of these circles will have any pre-existing verbal

conceptualisation of the phenomena, although it may resonate with them at a more experiential level. This adds an additional layer of complexity for researchers.

**6.5.3 Describing a phenomenon.** The description of relational depth devised for the current study appeared to be limited in its applicability to young clients' experiences, and future research might try altering this description to emphasise different elements of the relational depth which might function as a better 'anchor' for young people to identify such moments. However, it is also acknowledged that *any* relational description might not function as a significant anchor for young clients to recall their experiences, because relational components might not feature as prominently in accounts of significant moments or events identified by younger clients. This does not suggest that young clients do not experience moments of relational depth, but perhaps that attempting to explore these through research is difficult. A further limitation, placed as central to a constructivist analysis which adopts a relativist ontological position, is the role that the researcher's language plays in not only orienting but also shaping participant accounts. Whilst the description of relational depth, and later of significant relational events (which in the interview schedule included prompts which alluded to the original description of relational depth<sup>24</sup>) was intended only to orient participants towards the research area of enquiry, it must be noted that some of the descriptions which participants gave throughout the interviews did allude to language used in the question. Whilst inevitable, it must be acknowledged that language has the power not only to describe, but also to influence and co-construct ideas and the resulting data. This reiterates the idea that a researcher should be able to continually reflect on the manner with which they offer questions to participants, and the language they use to encourage discussion.

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<sup>24</sup> Appendix 13b

## 6.6 Future research

This research contributes valuable insights in regards to young clients' perceptions of the development of a therapeutic relationship which was described as unique and expectation defying, and their experiences of SDEs and SIEs within the context of this therapeutic relationship. As is often the case, results of this study raise more questions than they answer, highlighting new avenues for future research.

The suggestion that young people might struggle to describe relationally deep moments suggests that conducting research with older clients in the later stages of adolescence, or adults who received counselling during adolescence, could yield interesting insights into the phenomenon of relational depth with young clients. However, both these options would serve to limit the relevance of the findings to young clients on the basis that they would require participants to recall memories over longer periods of time, thus increasing the inevitable likelihood of capturing what Stern (2004) calls 'two present moments' (Stern, 2004, p.11) — the experience of *recalling a memory*, as well as the phenomenon of interest—during the interview process. Furthermore, asking adults to recall memories from childhood will serve to further alter these memories, and move them away from the original experience. Another possibility would be to offer young people alternative descriptions of relational depth based on the factors they identified in their descriptions of significant events which overlapped with relational depth literature. However, the finding that participants in the pilot stage were able to identify moments of relational 'closeness' through a description of a concrete self-identified significant event, but not in response to the description of relational depth, suggests that rather than the components of the description being inappropriate, the description itself was not a central enough component of their significant experience.

The suggestion that young clients' value informal conversation as a way of establishing a more genuine therapeutic relationship would benefit from further research from the perspectives of both young clients and counsellors. Examples of helpful future questions might relate to perceptions of the optimal timing for informal conversation, the negative effects of informal conversation, and variations in informality across different settings (e.g., school-based and community-based services), and would provide some much needed clarity into an under researched but potentially influential area of youth counselling.

Finally, the current research suggests that the significant events paradigm is a helpful and illuminating method for exploring young clients' experiences of their counselling, and recommends its use in future research with young clients as it provides an opportunity for the self-identification of significant events which either represent the phenomenon being researched, or which can be used as an anchor for consideration of the phenomenon being researched. The significant event paradigm provides a useful means for highlighting subtleties in ones' experiences of significant events which might be particularly abstract, or have perhaps been forgotten or minimised as a consequence of time. As well as enhancing research study design, participant feedback in the debrief stages suggests that some clients might actually benefit from having the significant event paradigm incorporated into therapeutic practice, something which would benefit from further research.

It is acknowledged that retrospectively asking participants about significant events inevitably involves an element of reconstruction, which furthers participant accounts from the actual experience. A potentially helpful avenue for future research might therefore be to explore young clients' experiences of significant relational events immediately after a counselling session, which might better tap into the 'raw' experiences of the relationship. Given the suggestion that generating new insight is an important in-session outcome contributor (Timulak, 2010), this might be expected to yield more SIE accounts.

Similarly to the adult psychotherapy research, drawing on the significant events paradigm to explore other aspects of young clients' therapeutic experiences such as moments of resolved and unresolved conflict, helpful events, or helpful counsellor interventions, might help to expand our understanding of these experiences from a different perspective.

## References

- Ackroyd, S., & Fleetwood, S. (2004). *Critical realist applications in organisation and management studies*. London: Routledge.
- Adelman, H. S., & Taylor, L. (2009). School dropout prevention: A public health role for primary health care providers. *Developmental and Behavioral News*, 18(1), 10-12.
- Ahern, K. J. (1999). Ten tips for reflexive bracketing. *Qualitative Health Research*, 9(3), 407-411.
- Al-Amoudi, I., & Willmott, H. (2011). Where constructionism and critical realism converge: Interrogating the domain of epistemological relativism. *Organization Studies*, 32(1), 27-46.
- Alderson, P., & Morrow, V. (2011). *The ethics of research with children and young people: A practical handbook*. London: Sage.
- Annells, M. (1996). Grounded theory method: Philosophical perspectives, paradigm of inquiry, and postmodernism. *Qualitative Health Research*, 6(3), 379-393.
- Atkinson, J. M. (1982). Understanding formality: The categorization and production of 'formal' interaction. *The British Journal of Sociology*, 33(1), 86-117.
- Atzil-Slonim, D., Tishby, O., & Shefler, G. (2014). Internal representations of the therapeutic relationship among adolescents in psychodynamic psychotherapy. *Clinical psychology & psychotherapy*, 22(6), 502-512.
- Axline, V. M. (1947). *Play therapy*. New York: Ballantine Books.
- Bachelor, A. (1988). How clients perceive therapist empathy: A content analysis of "received" empathy. *Psychotherapy: Theory, Research, Practice, Training*, 25(2), 227-240.



- Bachelor, A. (1995). Clients' perception of the therapeutic alliance: A qualitative analysis. *Journal of Counseling Psychology*, 42(3), 323-337.
- Bachelor, A., & Horvath, A. (1999). The therapeutic relationship. In M. A. Hubble, B. L. Duncan & S. D. Miller (eds.), *The heart and soul of change: what works in therapy* (pp. 133-178). Washington, DC: American Psychological Association.
- BACP. (2015). School counselling for all. British Association for Counselling and Psychotherapy: Lutterworth. Retrieved from [http://www.bacp.co.uk/docs/pdf/14839\\_sbc\\_for\\_all\\_england.pdf](http://www.bacp.co.uk/docs/pdf/14839_sbc_for_all_england.pdf)
- Baldwin, M. (2000). Interview with Carl Rogers on the use of the self in therapy. In M. Baldwin (Ed.) *The Use of Self in Therapy* (2nd ed., pp. 29-38). New York: Haworth Press.
- Barker, C. (2002). Foundations of qualitative methods. In C. Barker, N. Pistrang, & R. Elliott (Eds.), *Research methods in clinical psychology: An introduction for students and practitioners* (2nd ed., pp. 72-93). Chichester, England: Wiley.
- Barrett-Lennard, G. T. (1998). *Carl Rogers' helping system—Journey and substance*. London: Sage Publications.
- Beck, A. T. (1976). *Cognitive therapy and the emotional disorders*. New York: International Universities Press.
- Beck, M., Friedlander, M. L., & Escudero, V. (2006). Three perspectives on clients' experiences of the therapeutic alliance: a discovery-oriented investigation. *Journal of marital and family therapy*, 32(3), 355-368.
- Bedi, R. P. (2006). Concept mapping the client's perspective on counseling alliance formation. *Journal of Counseling Psychology*, 53(1), 26-35.

- Bedi, R. P., Davis, M. D., & Arvey, M. J. (2005a). The client's perspective on forming a counselling alliance and implications for research on counsellor training. *Canadian Journal of Counselling, 39*(2), 71-85.
- Bedi, R. P., Davis, M. D., & Williams, M. (2005b). Critical incidents in the formation of the therapeutic alliance from the client's perspective. *Psychotherapy: Theory, research, practice, training, 42*(3), 311-323.
- Bedi, R. P., & Duff, C. T. (2009). Prevalence of counselling alliance type preferences across two samples. *Canadian Journal of Counselling, 43*(3), 151-164.
- Bedi, R. P., & Duff, C. T. (2014). Client as expert: A Delphi poll of clients' subjective experience of therapeutic alliance formation variables. *Counselling Psychology Quarterly, 27*(1), 1-18.
- Bergin, A. E., & Garfield, S. L. (1994). *Handbook of psychotherapy and behavior change* (4<sup>th</sup> ed.). New York: Wiley.
- Binder, P. E., Moltu, C., Hummelsund, D., Sagen, S. H., & Holgersen, H. (2011). Meeting an adult ally on the way out into the world: Adolescent patients' experiences of useful psychotherapeutic ways of working at an age when independence really matters. *Psychotherapy Research, 21*(5), 554-566.
- Birks, M., & Mills, J. (2011). *Grounded theory: A practical guide*. London: Sage.
- Blumer, H. (1954). What is wrong with social theory? *American sociological review, 19*(1), 3-10.
- Blumer, H. (1969). *Symbolic Interactionism: Perspective and Method*. Englewood Cliffs, NJ: Prentice-Hall.
- Bohart, A. C., & Tallman, K. (1999). *How clients make therapy work: The process of active self-healing*. Washington, DC: American Psychological Association.

- Bohart, A. C., & Tallman, K. (2010). Clients: The neglected common factor in psychotherapy. In B.L. Duncan, S.C. Miller, B.E. Wampold & M.A. Hubble (Ed.), *The heart and soul of change: Delivering what works in therapy* (2nd ed., pp. 83-111). Washington DC: American Psychological Association.
- Bolton Oetzel, K., & Scherer, D. G. (2003). Therapeutic engagement with adolescents in psychotherapy. *Psychotherapy: Theory, Research, Practice, Training*, 40(3), 215-225.
- Bondi, L., Forbat, L., Gallagher, M., Plows, V., & Prior, S. (2006). Evaluation of the youth counselling service, Airdrie local health care co-operative. Edinburgh: University of Edinburgh. Retrieved from <http://www.geos.ed.ac.uk/homes/eab/youth/report>
- Bordin, E. (1979). The generalizability of the psychoanalytic concept of the working alliance. *Psychotherapy: Theory, Research and Practice*, 16(3), 252-260.
- Bowlby, J. (1988). *A secure base: Parent-child attachment and healthy human development*. New York: Basic Books.
- Bruner, J. (1991). The narrative construction of reality. *Critical Inquiry*, 18(1), 1-21.
- Bryant, A., & Charmaz, K. (2007). *The SAGE handbook of grounded theory*. London: Sage Publications.
- Buber, M. (1958). *I and Thou* (R. G. Smith, Trans., 2nd ed.). Edinburgh: T & T Clark Ltd.
- Burrell, G., & Morgan, G. (1979). *Sociological paradigms and organizational analysis*. London: Heinemann Books.
- Chamberlain-Salaun, J., Mills, J., & Usher, K. (2013). Linking symbolic interactionism and grounded theory methods in a research design. *SAGE Open*, 3(3), 1-10, doi: 10.1177/2158244013505757
- Charmaz, K. (1990). Discovering chronic illness: Using grounded theory. *Social Science and Medicine*, 30(11), 1161-1172.

- Charmaz, K. (2005). Grounded theory in the 21st century: Applications for advancing social justice studies. In N. K. Denzin & Y. S. Lincoln (eds.), *Handbook of Qualitative Research* (3rd ed., pp. 507-536). Thousand Oaks, CA: Sage.
- Charmaz, K. (2014). *Constructing grounded theory: A practical guide through qualitative analysis*. London: Sage.
- Chenitz, C. W. (1986). Getting started: the research proposal for a grounded theory study. In C. W. Chenitz & J. M. Swanson (Eds.), *From practice to grounded theory: Qualitative research in nursing* (pp. 39-47). Wokingham, England: Addison-Wesley.
- Children and Young People's Mental Health Taskforce. (2015). Future in mind: promoting, protecting and improving our children and young people's mental health and wellbeing. Retrieved from [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/414024/Childrens\\_Mental\\_Health.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf)
- Children and Young People Practice Research Network (CYP PRN). (2013). A toolkit for collecting routine outcome measures. BACP: Lutterworth.
- Connelly, A. E. (2009). Trainee therapists and relational depth. Unpublished MSc dissertation, Sherwood Psychotherapy Training Institute, Nottingham.
- Constantine, M. G., Hage, S. M., Kindaichi, M. M. & Bryant, R. M. (2007). Social Justice and Multicultural Issues: Implications for the Practice and Training of Counselors and Counseling Psychologists. *Journal of Counseling & Development*, 85(1), 24-29.
- Cooper, M. (2004). Counselling in schools project: Evaluation report. Glasgow: Counselling Unit, University of Strathclyde.
- Cooper, M. (2005). Therapists' experiences of relational depth: A qualitative interview study. *Counselling and Psychotherapy Research*, 5(2), 87-95.

- Cooper, M. (2006). Counselling in schools project, Phase II: evaluation report. Glasgow: Counselling Unit, University of Strathclyde.
- Cooper, M. (2009). Counselling in the UK secondary schools: A comprehensive review of audit and evaluation studies. *Counselling and Psychotherapy Research*, 9(3), 137-150.
- Cooper, M. (2013a). School-based counselling in UK secondary schools: A review and critical evaluation. Glasgow: University of Strathclyde.
- Cooper, M. (2013b). Experiencing relational depth in therapy: what we know so far. In R. Knox, D. Murphy, S. Wiggins & M. Cooper (Eds.), *Relational depth: New perspectives and developments* (pp. 62-76). Basingstoke: Palgrave Macmillan.
- Cooper, M., & McLeod, J. (2012). From either/or to both/and: Developing a pluralistic approach to counselling and psychotherapy. *European Journal of Psychotherapy and Counselling*, 14(1), 5-17.
- Cooper, M., Rowland, N., McArthur, K., Pattison, S., Cromarty, K., & Richards, K. (2010). Randomised controlled trial of school-based humanistic counselling for emotional distress in young people: feasibility study and preliminary indications of efficacy. *Child and Adolescent Psychiatry and Mental Health*, 4(1), 1-12.
- Creed, T. A., & Kendall, P. C. (2005). Therapist alliance-building behavior within a cognitive-behavioral treatment for anxiety in youth. *Journal of Consulting and Clinical Psychology*, 73(3), 498-505.
- Cromarty, K., & Richards, K. (2009). How do secondary school counsellors work with other professionals? *Counselling and Psychotherapy Research*, 9(3), 182-186.
- Crotty, M. (1998). *The foundations of social research: meaning and perspective in the research area*. London: Sage.

- Davis, R. S. (2015). Young people's experiences of school-based counselling: A constructivist grounded theory study. Unpublished doctoral dissertation, Cardiff University.
- Delgado, S. V. (2008). Psychodynamic psychotherapy for children and adolescents: An old friend revisited. *Psychiatry*, 5(5), 67-72.
- Della Rosa, E. (2016). An exploration of transference interpretations in short term psychoanalytic psychotherapy with adolescents suffering from depression. Unpublished doctoral dissertation, Tavistock NHS Trust and University of East London.
- Denzin, N., & Lincoln, Y. (2005). *The Sage handbook of qualitative research*. Thousand Oaks: Sage Publications.
- Department for Education. (2016). Counselling in schools: a blueprint for the future. Retrieved from [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/497825/Counselling\\_in\\_schools.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/497825/Counselling_in_schools.pdf)
- de Rivera, J. (1981). *Conceptual encounter: A method for the exploration of human experience*. Lanham, MD: University Press of America.
- Derrida, J. (1970). Structure, sign and play in the discourse of human sciences. In R. Macksey & E. Donato (Eds.), *The structuralist controversy: The languages of criticism and the sciences of man* (pp. 247-265). Baltimore: Johns Hopkins University Press.
- Dey, I. (1999). *Grounding grounded theory: Guidelines for qualitative inquiry*. San Diego: Academic Press.
- DiGuiseppe, R., Linscott, J., Jilton, R. (1996). Developing the therapeutic alliance in child-adolescent psychotherapy. *Applied & Preventive Psychology*, 5(2), 85-100.
- Donaldson, L. (1985). *In defence of organizational theory: A reply to the critics*. Cambridge, UK: Cambridge University Press.

- Duff, C. T., & Bedi, R. P. (2010). Counsellor behaviours that predict therapeutic alliance: From the client's perspective. *Counselling psychology quarterly*, 23(1), 91-110.
- Dunne, A., Thompson, W., & Leitch, R. (2000). Adolescent males' experience of the counselling process. *Journal of adolescence*, 23(1), 79-93.
- Durlak, J. A., Wells, A. M., Cotten, J. K., & Johnson, S. (1995). Analysis of selected methodological issues in child psychotherapy research. *Journal of Clinical Child Psychology*, 24(2), 141-148.
- Ehrenberg, D. B. (1974). The intimate edge in therapeutic relatedness. *Contemporary Psychoanalysis*, 10(4), 423-437.
- Elliott, R. (1985). Helpful and nonhelpful events in brief counseling interviews: An empirical taxonomy. *Journal of Counseling Psychology*, 32(3), 307-322.
- Elliott, R. (1989). Comprehensive process analysis: Understanding the change process in significant therapy events. In M. J. Packer & R. B. Addison (Eds.), *Entering the circle: Hermeneutic investigations in psychology* (pp. 165-184). Albany, New York: SUNY Press.
- Elliott, R. (1999). Client change interview protocol. Network for Research on Experiential Psychotherapies, retrieved from <http://experiential-researchers.org/instruments/elliott/changei.html>
- Elliott, R. (2010). Psychotherapy change process research: Realizing the promise. *Psychotherapy Research*, 20(2), 123-135.
- Elliott, R., Fischer, C. T., & Rennie, D. L. (1999). Evolving guidelines for publication of qualitative research studies in psychology and related fields. *British Journal of Clinical Psychology*, 38(3), 215-229.

- Elliott, R., James, E., Reimschuessel, C., Cislo, D., & Sack, N. (1985). Significant events and the analysis of immediate therapeutic impacts. *Psychotherapy*, 22(3), 620-630.
- Elliott, R., & Shapiro, D. A. (1992). Clients and therapists as analysts of significant events. In S. G. Toukmanian & D. L. Rennie (Eds.), *Psychotherapy process research: Theory-guided and phenomenological research strategies* (pp. 163-186). Beverly Hills, CA: Sage.
- Elliott, R., Shapiro, D. A., Firth-Cozens, J., Stiles, W. B., Hardy, G. E., Llewelyn, S. P., & Margison, F. (1994). Insight in interpersonal-dynamic therapy: A comprehensive process analysis. *Journal of Counseling Psychology*, 41(4), 449-46.
- Eltz, M. J., Shirk, S. R., & Sarlin, N. (1995). Alliance formation and treatment outcome among maltreated adolescents. *Child Abuse and Neglect*, 19(4), 419-431.
- Everall, R. D., & Paulson, B. L. (2002). The therapeutic alliance: Adolescent perspectives. *Counselling and Psychotherapy Research*, 2(2), 78-87.
- Family Kids and Youth. (2012). Understanding the needs and wishes of young people who require information about therapy: A report of qualitative and quantitative research carried out on behalf of BACP. British Association for Counselling and Psychotherapy: Lutterworth.
- Fassinger, R. E. (2005). Paradigms, praxis, problems, and promise: Grounded theory in counseling psychology research. *Journal of Counseling Psychology*, 52(2), 156-166.
- Fitzpatrick, M. R., Janzen, J., Chamodraka, M., Gamberg, S., & Blake, E. (2009). Client relationship incidents in early therapy: Doorways to collaborative engagement. *Psychotherapy Research*, 19(6), 654-665.
- Fitzpatrick, M. R., Janzen, J., Chamodraka, M., & Park, J. (2006). Client critical incidents in the process of early alliance development: A positive emotion–exploration spiral. *Psychotherapy Research*, 16(4), 486-498.



- Flanagan, J. C. (1954). The critical incident technique. *Psychological Bulletin*, 51(4), 327-358.
- Fox, C. L., & Butler, I. (2009). Evaluating the effectiveness of a school-based counselling service in the UK. *British Journal of Guidance & Counselling*, 37(2), 95-106.
- Frank, J. D., & Frank, J. B. (1991). *Persuasion and healing: A comparative study of psychotherapy* (3rd ed.). Baltimore: Johns Hopkins University Press.
- Freire, E., & Grafanaki, S. (2010). Measuring the relationship conditions in person-centred and experiential psychotherapies: Past, present, and future. In M. Cooper, J. C. Watson, & D. Hölldamph (Eds.), *Person-centered and experiential therapies work: A review of the research on counseling, psychotherapy and related practices* (pp. 188-214). Ross-on Wye, UK: PCCS Books.
- Freud, A. (1946). *The psychoanalytic treatment of children*. New York: International Universities Press.
- Frith, E. (2016, April). CentreForum commission on children and Young People's Mental Health: State of the Nation. Retrieved from <http://dera.ioe.ac.uk/27926/1/State-of-the-Nation-report-web.pdf>
- Frowe, I. (2001). Language and educational research. *Journal of Philosophy of Education*, 35(2), 175-186.
- Geller, S. M. (2013). Therapeutic presence. In M. Cooper, P. F. Schmid, M. O'Hara, & G. Wyatt (Eds.), *The handbook of person-centred psychotherapy and counselling* (2nd ed., pp. 209-236). Basingstoke: Palgrave.
- Gibson, K., & Cartwright, C. (2014). Young clients' narratives of the purpose and outcome of counselling. *British Journal of Guidance & Counselling*, 42(5), 511-524.

- Gibson, K., Cartwright, C., Kerrisk, K., Campbell, J., & Seymour, F. (2016). What young people want: A qualitative study of adolescents' priorities for engagement across psychological services. *Journal of Child and Family Studies*, 25(4), 1057-1065.
- Gillon, E. (2007). *Person-centred counselling psychology: An introduction*. London: Sage.
- Giorgi, B. (2011). A phenomenological analysis of the experience of pivotal moments in therapy as defined by clients. *Journal of Phenomenological Psychology*, 42(1), 61-106.
- Glaser, B. G. (1978). *Theoretical sensitivity: Advances in the methodology of grounded theory*. Mill Valley, CA: Sociology Press.
- Glaser, B. G. (1992). *Basics of grounded theory analysis*. California: Sociology Press.
- Glaser, B. G., & Strauss, A. L. (1967). *The discovery of grounded theory*. New York: Aldine Transaction.
- Goldfried, M. R., & Wolfe, B. E. (1996). Psychotherapy practice and research. *American Psychologist*, 51(10), 1007-1016.
- Greenberg, L. S. (1986). Change process research. *Journal of Consulting and Clinical Psychology*, 54(1), 4-9.
- Griffiths, G. (2013). A systematic review of young people's experiences of helpful and unhelpful factors in school-based counselling. Unpublished thesis, University of Strathclyde and Glasgow Caledonian University.
- Guba, E. G. & Lincoln, Y. S (1989). *Fourth generation evaluation*. Newbury Park, CA: Sage.
- Guba, E. G., & Lincoln, Y. S. (1994). Competing paradigms in qualitative research. In N. K. Denzin & Y.S. Lincoln (Eds.), *Handbook of Qualitative Research* (pp. 105-117). Thousand Oaks, CA: Sage.

- Hagell, A., & Maughan, B. (2017). Epidemiology: Are mental health problems in children and young people really a big issue? In N. Midgley, J. Hayes & Cooper, M. (Eds.), *Essential research findings in child and adolescent counselling and psychotherapy* (pp. 14-31). London: Sage.
- Harden, J., Scott, S., Backett-Milburn, K., & Jackson, S. (2000). Can't talk, won't talk? : Methodological issues in researching children. *Sociological Research Online*, 5(2), retrieved from <http://www.socresonline.org.uk/5/2/harden.html>
- Hanna, F. J., & Hunt, W. P. (1999). Techniques for psychotherapy with defiant, aggressive adolescents. *Psychotherapy*, 36(1), 56-68.
- Hartmann, A., Joos, A., Orlinsky, D. E., & Zeeck, A. (2015). Accuracy of therapist perceptions of patients' alliance: Exploring the divergence. *Psychotherapy Research*, 25(4), 408-419.
- Hagman, G. (2014). *Creative analysis: Art creativity and clinical process*. London: Routledge.
- Hawkins, S. (2013). Working at relational depth with children and young people. In R. Knox, D. Murphy, S. Wiggins, & M. Cooper (Eds.), *Relational depth: New perspectives and developments* (pp. 79-89). Basingstoke: Palgrave Macmillan.
- Hayes, J. (2017). What leads to change? I. Common factors in child therapy. In N. Midgley, J. Hayes, & Cooper, M. (Eds.), *Essential research findings in child and adolescent counselling and psychotherapy* (pp. 119-147). London: Sage.
- Hayes, J., & Brunst, C. (2017). What leads to change? II. Therapeutic techniques and practices with children and young people. In N. Midgley, J. Hayes & Cooper, M. (Eds.), *Essential Research Findings in Child and Adolescent Counselling and Psychotherapy* (pp. 148-173). London: Sage.

- Helmeke, K. B., & Sprenkle, D. H. (2000). Clients' perceptions of pivotal moments in couples' therapy: A qualitative study of change in therapy. *Journal of Marital and Family Therapy*, 26(4), 469-483.
- Henwood, K., & Pidgeon, N. (2003). Grounded theory in psychological research. In P. M. Camic, J. E. Rhodes, & L. Yardley (Eds.), *Qualitative research in psychology: Expanding perspectives in methodology and design* (pp. 131–155). Washington, DC: American Psychological Association.
- Hill, A., Cooper, M., Smith, K., Maybanks, N., Cromarty, K., Pattison, S., ... Couchman, A. (2011). Evaluation of the Welsh school-based counselling strategy. Cardiff: Welsh Government Social Research.
- Hill, A., Roth, A., & Cooper, M. (2013). The competences required to deliver effective humanistic counselling for young people. BACP: Lutterworth.
- Horvath, A. O., & Bedi, R. P. (2002). The alliance. In J. C. Norcross (Eds.), *Psychotherapy relationships that work: Therapist contributions and responsiveness to patients* (pp. 37-70). New York: Oxford University Press.
- Horvath, A., Del Re, A. C., Flückiger, C., & Symonds, D. (2011). The alliance in adult psychotherapy. *Psychotherapy, Science and Practice*, 48(1), 9-16.
- Horvath, A. O., & Luborsky, L. (1993). The role of the therapeutic alliance in psychotherapy. *Journal of Consulting and Clinical Psychology*, 61(4), 561-573.
- Horvath, A. O., & Symonds, B. D. (1991). Relation between working alliance and outcome in psychotherapy: A meta-analysis. *Journal of Counseling Psychology*, 38(2), 139-149.
- Hougaard, E. (1994). The therapeutic alliance- A conceptual analysis. *Scandinavian Journal of Psychology*, 35(1), 67-85.
- Hunt, M. (1991). Being friendly and informal: Reflected in nurses', terminally ill patients' and relatives' conversations at home. *Journal of Advanced Nursing*, 16(8), 929-938.

- Hunt, J., & Eisenberg, D. (2010). Mental health problems and help-seeking behavior among college students. *Journal of Adolescent Health, 46*(1), 3-10.
- Husserl, E. (1931). *Ideas: General introduction to pure phenomenology* (D. Carr, Trans.). Evanston, IL: Northwestern University Press.
- Jones, P. B. (2013). Adult mental health disorders and their age at onset. *British Journal of Psychiatry, 202*(54), 5-10.
- Joseph, B. (1985). Transference: The total situation. *International Journal of Psychoanalysis, 66*(4), 447-454.
- Karver, M. S., Handelsman, J. B., Fields, S., & Bickman, L. (2005). A theoretical model of common process factors in youth and family therapy. *Mental Health Services Research, 7*(1), 35-51.
- Karver, M. S., Handelsman, J. B., Fields, S., & Bickman, L. (2006). Meta-analysis of therapeutic relationship variables in youth and family therapy: The evidence for different relationship variables in the child and adolescent treatment outcome literature. *Clinical Psychology Review, 26*(1), 50-65.
- Kirk, S. (2007). Methodological and ethical issues in conducting qualitative research with children and young people: A literature review. *International Journal of Nursing Studies, 44*(7), 1250-1260.
- Kirkbride, R. (2016). Effectiveness and Cost Effectiveness Trial of Humanistic Counselling in Schools (ETHOS): Clinical Practice Manual. Unpublished ETHOS manual, University of Roehampton.
- Klein, J. (1995). *Doubts and certainties in the practice of psychotherapy*. London: Karnac.

- Knapp, M., Ardino, V., Brimblecombe, N., Evans-Lacko, S., Lemmi, V., King, D., ... Wilson, J. (2016). Youth Mental Health: New Economic Evidence. London: Young Minds & LSE PSSRU.
- Knox, R. (2008). Clients' experiences of relational depth in person-centred counselling. *Counselling and Psychotherapy Research*, 8(3), 182-188.
- Knox, R. (2011). Clients' experiences of relational depth. Unpublished PhD dissertation, University of Strathclyde, Glasgow.
- Knox, R., & Cooper, M. (2010). Relationship qualities that are associated with moments of relational depth: The client's perspective. *Person-Centered & Experiential Psychotherapies*, 9(3), 236-256.
- Kristeva, J. (2009). *This Incredible Need to Believe* (B. B. Brahic, Trans.). New York: Columbia University Press.
- Labouliere, C. D., Reyes, J. P., Shirk, S., & Karver, M. (2015). Therapeutic alliance with depressed adolescents: predictor or outcome? Disentangling temporal confounds to understand early improvement. *Journal of Clinical Child & Adolescent Psychology*. Published online, doi: 10.1080/15374416.2015.1041594
- Lambert, M. J., & Bergin, A. E. (1994). The effectiveness of psychotherapy. In A. E. Bergin & S. L. Garfield (Eds.), *Bergin and Garfield's handbook of psychotherapy and behavior change* (4<sup>th</sup> ed., pp. 143-189). New York: Wiley.
- Lawson, T. (2003). Theorizing ontology. *Feminist Economics*, 9(1), 161-169.
- Lazarus, A. A. (1994). How certain boundaries and ethics diminish therapeutic effectiveness. *Ethics & behavior*, 4(3), 255-261.
- Leahy, R. L. (2008). The therapeutic relationship in cognitive-behavioral therapy. *Behavioural and Cognitive Psychotherapy*, 36(6), 769-777.

- Levers, M. J. D. (2013). Philosophical paradigms, grounded theory, and perspectives on emergence. *Sage Open*, 3(4), 1-6, doi 10.1177/2158244013517243
- Levitt, H., Butler, M., & Hill, T. (2006). What clients find helpful in psychotherapy: Developing principles for facilitating moment-to-moment change. *Journal of Counseling Psychology*, 53(3), 314-324.
- Liddle, H. A. (1995). Conceptual and clinical dimensions of a multidimensional, multisystems engagement strategy in family-based adolescent treatment. *Psychotherapy: Theory, Research, Practice, Training*, 32(1), 39-58.
- Guba, E. G., & Lincoln, Y. S. (1994). Competing paradigms in qualitative research. In N. K. Denzin & Y. S. Lincoln (Eds.), *The handbook of qualitative research* (pp. 105-117). Thousand Oaks, CA: Sage.
- Lonigan, C. J., Elbert, J. C., & Johnson, S. B. (1998). Empirically supported psychosocial interventions for children: An overview. *Journal of Clinical Child Psychology*, 27(2), 138-145.
- Lynass, R., Pykhtina, O., & Cooper, M. (2012). A thematic analysis of young people's experience of counselling in five secondary schools in the UK. *Counselling and Psychotherapy Research*, 12(1), 53-62.
- Macleod, E. (2009). A qualitative exploration into therapists' perceptions of reaching relational depth when counselling people with learning disabilities. Unpublished MSc dissertation, University of Strathclyde, Glasgow.
- Macleod, E. (2013). Therapists' experiences of relational depth with clients with learning disabilities. In R. Knox, D. Murphy, S. Wiggins, & M. Cooper (Eds.), *Relational depth: New perspectives and developments* (pp. 36-48). Basingstoke: Palgrave Macmillan.
- Madill, A., Jordan, A., & Shirley, C. (2000). Objectivity and reliability in qualitative analysis: realist, contextualist and radical constructionist epistemologies. *British Journal of Psychology*, 91(1), 1-20.

- Mandell, D. (2008). Power, care and vulnerability: Considering use of self in child welfare work. *Journal of Social Work Practice*, 22(2), 235-248.
- Martin, D. J., Graskie, J. P., & Davis, M. K. (2000). Relation of the therapeutic alliance with outcome and other variables: A meta-analytic review. *Journal of Consulting and Clinical Psychology*, 68(3), 438-450.
- Marziali, E., & Alexander, L. (1991). The power of the therapeutic relationship. *American Journal of Orthopsychiatry*, 61(3), 383-391.
- McArthur, K., Cooper, M. & Berdondini, L. (2016). Change processes in school-based humanistic counselling. *Counselling and psychotherapy research*, 16(2), 88-99.
- McKenzie, K., Murray, G., Prior, S., & Stark, L. (2011). An evaluation of a school counselling service with direct links to Child and Adolescent Mental Health (CAMH) services. *British Journal of Guidance & Counselling*, 39(1), 67-82.
- McMahon, G., & Palmer, S. (2014). *Handbook of counselling*. London: Routledge.
- McMillan, M., & McLeod, J. (2006). Letting Go: The client's experience of relational depth. *Person-Centered & Experiential Psychotherapies*, 5(4), 277-292.
- Mead, G. H. (1934/2001). Mind, self and society. In J. Margolis, & J. Catudal (Eds.), *The quarrel between invariance and flux: A guide for philosophers and other players* (pp. 223-234). USA: The Pennsylvania State University Press.
- Mead, G. H. (1959). *The philosophy of the present*. La Salle, IL: Open Court.
- Mearns, D. (1997). *Person-centred counselling training*. London: Sage.
- Mearns, D. (2003). *Developing person-centred counselling* (2nd ed.). London: Sage.



- Mearns, D., & Cooper, M. (2005). *Working at relational depth in counselling and psychotherapy*. London: Sage.
- Mearns, D., Thorne, B., & McLeod, J. (2013). *Person-centred counselling in action* (4<sup>th</sup> ed.). London: Sage Publications Ltd.
- Mental Health Taskforce to the NHS. (2016). Five year forward view for mental health. Retrieved from NHS England website <https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf>
- Midgley, N., Hayes, J., & Cooper, M. (Eds.). (2017). *Essential research findings in child and adolescent counselling and psychotherapy*. London: Sage.
- Mills, J., Bonner, A., & Francis, K. (2006). The development of constructivist grounded theory. *International Journal of Qualitative Methods*, 5(1), 25-35.
- Mitchell, S. (1988). *Relational concepts in psychoanalysis: An integration*. Cambridge MA: Harvard University Press.
- Mitchell, S. (2000). *Relationality*. Hillsdale, NJ: The Analytic Press.
- Mohr, J. J., & Woodhouse, S. S. (2001). Looking inside the therapeutic alliance: Assessing clients' visions of helpful and harmful psychotherapy. *Psychotherapy Bulletin*, 36(3), 15-16.
- Morris, R. J., & Nicholson, J. (1993). The therapeutic relationship in child and adolescent psychotherapy: Research issues and trends. In T. R. Kratochwill & R. J. Morris (Eds.), *Handbook of psychotherapy with children and adolescents* (pp. 405-425). Boston: Allyn & Bacon.
- Morrow-Bradley, C., & Elliott, R. (1986). Utilization of psychotherapy research by practicing psychotherapists. *The American psychologist*, 41(2), 188-197.
- Morrow, V., & Richards, M. (1996). The ethics of social research with children: An overview. *Children & society*, 10(2), 90-105.

- Neisser, U., & Harsh, N. (1992). Phantom flashbulbs: False recollections of hearing the news about Challenger. In E. Winograd, & U. Neisser (Eds.), *Affect and accuracy in recall: Studies of 'flashbulb memories'* (pp. 9-31). Cambridge: Cambridge University Press.
- NHS England. (2015). Children and young people. Retrieved from <https://www.england.nhs.uk/mental-health/cyp/>
- Norcross, J. C. (2002). Empirically supported therapy relationships. In J. C. Norcross (Ed.), *Psychotherapy relationships that work: Therapist contributions and responsiveness to patients* (pp. 3-16). New York: Oxford University Press.
- Norcross, J. C. (2010). The therapeutic relationship. In B. L. Duncan, S. D. Miller, B. E. Wampold, & M. A. Hubble (Eds.), *The heart and soul of change: Delivering what works in therapy* (pp. 113-141). Washington DC: American Psychological Association.
- Norcross, J. C., & Wampold, B. E. (2011). Evidence-based therapy relationships: Research conclusions and clinical practices. *Psychotherapy*, 48(1), 98-102.
- O'Brien, S., Meek, L., Adam, S., Bailey, S., Cohen, D., Dixon, J., ... Williams, C. (2015). The mentally healthy society: The report of the taskforce on mental health in society. London: The Labour Party.
- O'Connor, K. (2002). The value and use of interpretation in play therapy. *Professional Psychology: Research and Practice*, 33(6), 523-528.
- Oliveira, A., Sousa, D., & Pires, A. P. (2012). Significant events in existential psychotherapy: The client's perspective. *Existential Analysis*, 23(2), 288-305.
- Paulson, B. L., & Everall, R. D. (2003). Suicidal adolescents: Helpful aspects of psychotherapy. *Archives of Suicide Research*, 7(4), 309-321.
- Paulson, B. L., Everall, R. D., & Stuart, J. (2001). Client perceptions of hindering experiences in counselling. *Counselling and Psychotherapy Research*, 1(1), 53-61.

- Paulson, B. L., Truscott, D., & Stuart, J. (1999). Clients' perceptions of helpful experiences in counseling. *Journal of Counseling Psychology*, 46(3), 317-324.
- Paulson, B. L., & Worth, M. (2002). Counseling for suicide: Client perspectives. *Journal of Counseling & Development*, 80(1), 86-93.
- Pearce, P., & Sewell, R. (2014). Tenuous contact. *Therapist Today*, 25(6), 28-30.
- Pinsof, W. M., & Catherall, D. R. (1986). The integrative psychotherapy alliance: Family, couple and individual therapy scales. *Journal of Marital and Family Therapy*, 12(2), 137-151.
- Pinsof, W. B. (1994). An integrative systems perspective on the therapeutic alliance: Theoretical, clinical, and research implications. In A. O. Horvath & L. S. Greenberg (Eds.), *The working alliance: Theory, research, and practice* (pp. 173-195). New York: Wiley.
- Polat, F., & Jenkins, P. (2005). Provision of counselling services in secondary schools: A survey of local education authorities in England and Wales. *Pastoral Care in Education*, 23(4), 17-24.
- Punch, S. (2002). Research with children: The same or different from research with adults? *Childhood*, 9(3), 321-341.
- Ramalho, R., Adams, P., Huggard, P., & Hoare, K. (September). Literature review and constructivist grounded theory methodology. *Forum: Qualitative social research*, 16(3), article 19, retrieved from <http://www.qualitative-research.net/index.php/fqs/article/view/2313/3876>
- Rennie, D. (2000). Aspects of the client's conscious control of the psychotherapeutic process. *Journal of Psychotherapy Integration*, 10(2), 151-167.

- Rennie, D. L. (2001). Clients as self-aware agents. *Counselling and Psychotherapy Research*, 1(2), 82-89.
- Rennie, D. L. (2006). The grounded theory method: application of a variant of its procedure on constant comparative analysis to psychotherapy research. In C. T. Fischer (Ed.), *Qualitative research methods for psychologists: Introduction through empirical studies* (pp. 59-78). Boston: Elsevier.
- Rennie, D. L., Phillips, J. R. & Quartaro, G. K. (1988). Grounded theory: A promising approach to conceptualization in psychology? *Canadian Psychology*, 29(2), 139-150.
- Rhodes, R. H., Hill, C. E., Thompson, B. J., & Elliott, R. (1994). Client retrospective recall of resolved and unresolved misunderstanding events. *Journal of Counseling Psychology*, 41(4), 473-483.
- Rice, L. N., & Greenberg, L. S. (1984). *Patterns of change*. New York: Guilford Press.
- Richardson, L. & St. Pierre, E. A. (2005). Writing: A method of inquiry. In N. K. Denzin & Y. S. Lincoln (eds.), *Handbook of qualitative research* (3<sup>rd</sup> ed., pp. 959-978). Thousand Oaks, CA: Sage.
- Rodgers, J. (1999). Trying to get it right: Undertaking research involving people with learning difficulties. *Disability & Society*, 14(4), 421-433.
- Rogers, C. R. (1951). *Client-centred therapy: Its current practice, implications and theory*. London: Constable.
- Rogers, C. R. (1957). The necessary and sufficient conditions of therapeutic personality change. *Journal of Consulting Psychology*, 21(2), 95-103.
- Rogers, C. R. (1961). *On becoming a person: A therapist's view of psychotherapy*. Boston: Houghton Mifflin.
- Rogers, C. R. (1977). *Carl Rogers on personal power*. London: Constable.

- Rosenthal, R. (1994). Science and ethics in conducting, analyzing, and reporting psychological research. *Psychological Science*, 5(3), 127-134.
- Safran, J. D. (1993). Breaches in the therapeutic alliance: An arena for negotiating authentic relatedness. *Psychotherapy: Theory, Research, Practice, Training*, 30(1), 11-24.
- Sagen, S. H., Hummelsund, D., & Binder, P. E. (2013). Feeling accepted: A phenomenological exploration of adolescent patients' experiences of the relational qualities that enable them to express themselves freely. *European Journal of Psychotherapy & Counselling*, 15(1), 53-75.
- Samstag, L. W., Batchelder, S. T., Muran, J. C., Safran, J. D., & Winston, A. (1997). Early identification of treatment failures in short-term psychotherapy: An assessment of therapeutic alliance and interpersonal behavior. *The Journal of Psychotherapy Practice and Research*, 7(2), 126-143.
- Sanders, D. & Wills, F. (1999). The therapeutic relationship in cognitive therapy. In C. Feltham (ed.), *Understanding the counselling relationship* (pp.120-138). London: Sage.
- Sarantakos, S. (1993). *Social research*. Victoria, Australia: Macmillan Education Australia.
- Sarup, M. (1993). *An introductory guide to post-structuralism and postmodernism*. Athens: University of Georgia Press.
- Sasson Edgette, J. (2001). *Candor, connection, and enterprise in adolescent therapy*. New York: Norton.
- Scotland, J. (2012). Exploring the philosophical underpinnings of research: Relating ontology and epistemology to the methodology and methods of the scientific, interpretive, and critical research paradigms. *English Language Teaching*, 5(9), 9-16.

- Seligman, L. D., & Ollendick, T. H. (2011). Cognitive-behavioral therapy for anxiety disorders in youth. *Child and Adolescent Psychiatric Clinics of North America*, 20(2), 217-238.
- Shaw, C., Brady, L., & Davey, C. (2011). Guidelines for research with children and young people. National Children's Bureau, London.
- Shew, M. (2013). The kairos of philosophy. *The Journal of Speculative Philosophy*, 27(1), 47-66.
- Shirk, S. R., & Karver, M. (2003). Prediction of treatment outcome from relationship variables in child and adolescent therapy. *Journal of Consulting and Clinical Psychology*, 71(3), 452-464.
- Shirk, S. R., & Karver, M. (2011). Alliance in child and adolescent psychotherapy. In J. C. Norcross (ed.), *Psychotherapy relationships that work: Evidence based responsiveness* (2<sup>nd</sup> ed., pp. 70-91). New York: Oxford University Press.
- Shirk, S. R., Karver, M. S., & Brown, R. (2011). The alliance in child and adolescent psychotherapy. *Psychotherapy*, 48(1), 17-24.
- Shirk, S. R., & Saiz, C. C. (1992). Clinical, empirical, and developmental perspectives on the therapeutic relationship in child psychotherapy. *Development and Psychopathology*, 4(4), 713-728.
- Smith, J. A., Jarman, M., & Osborne, M. (1999). Doing interpretative phenomenological analysis. In M. Murray & K. Chamberlain (Eds.), *Qualitative Health Psychology: Theories and Methods* (pp. 218-240). London: Sage.
- Smith, R., Monaghan, M., & Broad, B. (2002). Involving young people as co-researchers: Facing up to the methodological issues. *Qualitative Social Work*, 1(2), 191-207.
- Sodha, S. & Margo, J. (2008). Thursday's child. Institute for Public Policy Research. Retrieved from

<http://www.ippr.org/files/ecommm/files/Thursdays%20child%20summary.pdf?noredirect=1>

Stanley, L., & Wise, S. (1983). *Breaking out: Feminist consciousness and feminist research*. Boston: Routledge & Kegan Paul.

Strauss, A., & Corbin, J. (1998). *Basics of qualitative research: Techniques and procedures for developing grounded theory* (2nd ed.). Thousand Oaks, CA: Sage.

Street, C. (2014). Children and young people's views of counselling: Improving the tools to gather outcomes. Youth Access. Retrieved from <http://www.youthaccess.org.uk/downloads/childrenandyoungpeoplesviewoncounselling-march20141.pdf>

Street, C., Allan, B. & Barker, J. (2008). Workforce strategy partners programme: Mapping of current workforce and consultation with counselling staff and young people using counselling services in young people's information, advice, counselling and support services (YIACS) Report. Youth Access.

Strupp, H. H. (1973). The interpersonal relationship as a vehicle for therapeutic learning. *Journal of Consulting and Clinical Psychology*, 41(1), 13-15.

Stern, D. M. (2004). *The present moment in psychotherapy and everyday life*. New York: W. & W. Norton & Company.

Stern, D., Bruschweiler-Stem, N., Harrison, A., Lyons-Ruth, K., Morgan, A., Nahum, J., ... Tronick, E. (1998a). The process of therapeutic change involving implicit knowledge: Some implications of developmental observations for adult psychotherapy. *Infant Mental Health Journal*, 19(3), 300-308.

Stern, D., Bruschweiler-Stem, N., Harrison, A., Lyons-Ruth, K., Morgan, A., Nahum, J., ... Tronick, E. (1998b). Non-interpretive mechanisms in psychoanalytic therapy: The 'something more' than interpretation. *International Journal of Psychoanalysis*, 79(5), 903-921.

- Maxwell, T. J. (2009). What do school counselors do? Examining high school counselors' perceptions of the effectiveness of their role and function on student outcomes. Unpublished PhD dissertation, Arizona State University, USA.
- Thompson, C. (2003). Clients' perceptions of the therapeutic relationship and its role in outcome. Unpublished Masters dissertation, University of Lethbridge, Canada.
- Thompson, S. J., Bender, K., Lantry, J., & Flynn, P. M. (2007). Treatment engagement: Building therapeutic alliance in home-based treatment with adolescents and their families. *Contemporary Family Therapy*, 29(1-2), 39-55.
- Timulak, L. (2007). Identifying core categories of client identified impact of helpful events in psychotherapy. A qualitative meta-analysis. *Psychotherapy Research*, 17(3), 305-314.
- Timulak, L. (2010). Significant events in psychotherapy: An update of research findings. *Psychology and Psychotherapy: Theory, Research and Practice*, 83(4), 421-447.
- Timulak, L., Belicova, A., & Miler, M. (2003). Analysis of significant events in a successful therapy of "unjoyfulness", experienced loneliness, and workaholism. In *34th Annual Meeting of the Society for Psychotherapy Research*, Weimar, Germany.
- Timulak, L., & Elliott, R. (2003). Empowerment events in process experiential psychotherapy of depression: An exploratory qualitative analysis. *Psychotherapy Research*, 13(4), 443-446.
- Timulak, L., & Lietaer, G. (2001). Moments of empowerment: A qualitative analysis of positively experienced episodes in brief person-centred counselling. *Counselling and Psychotherapy Research*, 1(1), 62-73.
- Truax, C. B., Altmann, H., Wright, L., & Mitchell, K. M. (1973). Effects of therapeutic conditions in child therapy. *Journal of Community Psychology*, 1(3), 313-318.



- Tryon, G. S., Blackwell, S. C., & Hammel, E. F. (2007). A meta-analytic examination of client–therapist perspectives of the working alliance. *Psychotherapy Research, 17*(6), 629-642.
- Tryon, G. S., & Kane, A. S. (1993). Relationship of working alliance to mutual and unilateral termination. *Journal of Counseling Psychology, 40*(1), 33.
- Tryon, G. S., & Kane, A. S. (1995). Client involvement, working alliance, and type of therapy termination. *Psychotherapy Research, 5*(3), 189-198.
- Vinturella, L., & James, R. (1987). Sand play: A therapeutic medium with children. *Elementary School Guidance & Counseling, 21*(3), 229-238.
- Waksler, F. C. (1991). Studying children: Phenomenological insights. In F. C. Waksler (Ed.), *Studying the social worlds of children: Sociological readings* (pp. 60-69). London: Falmer Press.
- Wampold, B. E. (2000). Outcomes of individual counseling and psychotherapy: Empirical evidence addressing two fundamental questions. In S. D. Brown & R. W. Lent (Eds.), *Handbook of counseling psychology* (4th ed., pp. 711-739). New York: Wiley.
- Wampold, B. E., & Imel, Z. (2015). *The great psychotherapy debate: The evidence for what makes psychotherapy work* (2nd ed.). Mahwah, NJ: Erlbaum.
- Warwar, S., & Greenberg, L. S. (2000). Advances in theories of change and counseling. In S. D. Brown & R. W. Lent (Eds.), *Handbook of counseling psychology* (pp. 571-600). New York, NY: John Wiley & Sons, Inc.
- Watson, J. C., & Rennie, D. (1994). A qualitative analysis of clients' reports of their subjective experience while exploring problematic reactions in therapy. *Journal of Counseling Psychology, 41*(4), 500-509.
- Weare, K. (2000). *Promoting mental, emotional and social health: A whole school approach*. London: Routledge.

- Weare, K., & Markham, W. (2005). What do we know about promoting mental health through schools? *Promotion & education*, 12(3-4), 118-122.
- Welch, M. (2005). Pivotal moments in the therapeutic relationship. *International Journal of Mental Health Nursing*, 14(3), 161-165.
- Werner-Seidler, A., Perry, Y., Calear, A. L., Newby, J. M., & Christensen, H. (2017). School-based depression and anxiety prevention programs for young people: A systematic review and meta-analysis. *Clinical psychology review*, 51, 30-47.
- Westergaard, J. (2013). Counselling young people: Counsellors' perspectives on 'what works'—An exploratory study. *Counselling and Psychotherapy Research*, 13(2), 98-105.
- Westra, H.A., Aviram, A., Barnes, M., & Angus, L. (2010). Therapy was not what I expected: A preliminary qualitative analysis of concordance between client expectations and experience of cognitive behavioural therapy. *Psychotherapy Research*, 20(4), 436-446.
- Willig, C. (2013). *Introducing qualitative research in psychology adventures in theory and method* (3rd ed.). Maidenhead, England: McGraw Hill/Open University Press.
- Zeldin, S., Camino, L., & Mook, C. (2005). The adoption of innovation in youth organizations: Creating the conditions for youth-adult partnerships. *Journal of Community Psychology*, 33(1), 121-35.

## **Appendices**

The research for this project was submitted for ethical consideration under the reference PSYC 15/ 171 in the Department of Psychology, and was approved under the procedures of the University of Roehampton Ethics Committee on 28.07.15 and 29.03.16 (following amendments after the pilot stage).

**Appendix 1: Initial contact with recruitment organisations**

Dear [*Recruitment organisation contact/ To Whom it may concern*],

I am a Counselling Psychology doctorate student at the University of Roehampton, undertaking research into young peoples' experiences of important moments in their counselling relationship.

As part of the research project I would like to interview young people aged 13-15 about their experiences of the counselling relationship, focusing on any times when they have felt a deep connection with their counsellor. I wonder if it would be possible for [*organisation*] to contact [*schools/ counselling services*] offering humanistic or humanistic-integrative counselling to young people, to establish whether they would be willing to support this research?

Young people's participation would involve an interview and debrief session lasting up to an hour and a half, which would take place within [*school/ the counselling service*]. Interviews will be confidential within the confines of the research project, and every effort would be made to ensure participants remain anonymous in the write up of this research and in any subsequent publications or presentations. In the case that a disclosure of risk to self or another is made, confidentiality would have to be breached in accordance with safeguarding protocols.

Should a [*school/ counselling service*] express interest in this research, they would receive an information sheet explaining more about the research, and how to contact the researcher. Young people identified as suitable and willing to participate in this research would also be provided with an age-appropriate information sheet, and given the opportunity to discuss this with the researcher prior to interview.

Please find [*attached/ enclosed*] an information sheet, providing more detail about this research.

This project has been approved under the procedures of the University of Roehampton's Ethics Committee. I would be very happy to offer any more information if required.

Many thanks,

Yours sincerely,

Shiri Gurvitz  
Counselling Psychology doctorate student, University of Roehampton  
Phone: 07932 547 100  
Email: [gurvitzs@roehampton.ac.uk](mailto:gurvitzs@roehampton.ac.uk)

**Appendix 2: Letter to Head teacher**

Dear [Head teacher],

I am a Counselling Psychology doctorate student at the University of Roehampton, undertaking research into young peoples' experiences of important moments/ events in their counselling relationship.

As part of the research project I would like to interview young people aged 13-15 about their experiences of the counselling relationship, focusing on any important moments or events in the relationship. I received your contact details through [*recruitment organisation/ personal contact*].

Young people's participation would involve an interview and debrief session lasting up to an hour and a half, which would take place within school during school hours. Interviews will be confidential within the confines of the research project, and every effort would be made to ensure participants remain anonymous in the write up of this research and in any subsequent publications or presentations. In the case that a disclosure of risk to self or another is made, confidentiality would have to be breached in accordance with the school's safeguarding protocol.

Please find [*attached/ enclosed*] an information sheet containing more information about this research, and how to get in contact.

This project has been approved under the procedures of the University of Roehampton's Ethics Committee. I would be very happy to offer any more information if required.

Many thanks,

Yours sincerely,

Shiri Gurvitz  
Counselling Psychology doctorate student, University of Roehampton  
Phone: 07932 547 100  
Email: [gurvitzs@roehampton.ac.uk](mailto:gurvitzs@roehampton.ac.uk)

### Appendix 3: Letter to service manager

Dear [*Service manager*],

I am a Counselling Psychology doctorate student at the University of Roehampton, undertaking research into young peoples' experiences of important moments/ events in their counselling relationship.

As part of the research project I would need to interview young people aged 13-15 about their experiences of the counselling relationship, focusing on any important moments or events in the relationship. I received your contact details through [*recruitment organisation/ personal contact*].

Young people's participation would involve an interview and debrief session lasting up to an hour and a half, which would take place within the counselling service. Interviews will be confidential within the confines of the research project, and every effort would be made to ensure participants remain anonymous in the write up of this research and in any subsequent publications or presentations. In the case that a disclosure of risk to self or another is made, confidentiality would have to be breached in accordance with the service's safeguarding protocol.

Please find [*attached/ enclosed*] an information sheet about this research, and details of how to get in contact should you choose to support this research.

This project has been approved under the procedures of the University of Roehampton's Ethics Committee. I would be very happy to offer any more information if required.

Many thanks,

Yours sincerely,

Shiri Gurvitz  
Counselling Psychology doctorate student, University of Roehampton  
Phone: 07932 547 100  
Email: [gurvitzs@roehampton.ac.uk](mailto:gurvitzs@roehampton.ac.uk)

**Appendix 4: Recruiting organisation information sheet*****Information Sheet***

Thank you for reading this information sheet. This document will explain why we are doing this research, and set out what will be involved for [schools/ counselling services] who choose to take part. We appreciate you taking the time to read it, and hope you will be interested in providing support for this research by locating services that are eligible to participate.

***The Research Project***

This research aims to explore young peoples' experiences of the therapeutic relationship with their counsellor, focusing more specifically on particular moments or events which they felt were important in their counselling relationship. This research will help us improve our understanding of:

- The moments/ events which young people identify as important in the formation or development of the therapeutic relationship
- Young peoples' experiences of these moments/ events, and of the therapeutic relationship
- Whether these important moments or events have an effect on young peoples' personal therapy and its outcomes
- The factors that contributed to the occurrence of these moments or events.

Developing a better understanding of young peoples' experiences will hopefully help to improve the quality of counselling provision available to young people in the future.

***Research procedure***

This research is looking to interview young people aged 13-15 years old, who are currently receiving (or have recently ended) one-to-one counselling of a relational nature either in a school-based counselling service or in a community-based counselling service. Young people will be invited to attend an interview, which will take place in [school/ their counselling service]. During the interview, participants will be asked about their relationship with their counsellor, and asked to reflect on important moments or events in their counselling which had an effect on their counselling relationship.

Interviews will be audio-recorded and transcribed. Following the interview, participants will be debriefed and encouraged to discuss any thoughts and feelings that have arisen from the interview process. The entire interview and debrief should take no longer than an hour and a half, but might be shorter than this.

***[Schools/ Counselling services] involvement***

[Schools/ Counselling services] interested in supporting this research will be sent an information sheet outlining the project in greater detail. [Pastoral care staff/ relevant staff] will be asked to locate young people who meet the inclusion criteria for participation, and introduce the research to them with the help of age-appropriate information sheets.

***Who will give consent for a child to take part?***

Consent to recruit will first be obtained from head teachers/ service managers.

Young people's participation in this research will be subject to their parent/guardian's consent. Therefore, young people whose parents or guardians do not know they are receiving counselling will not be eligible to participate in this research. Consent will be obtained from the young person prior to the interview.

Data collection will not begin until consent has been obtained from all relevant parties. All consenting parties will have a right to withdraw consent at any stage of the research.

***Interview process and debrief***

Interviews will be held in [school/ the counselling service]. Young people will have another opportunity to discuss the research with the researcher before deciding if they want to participate, and after signing a consent form will be asked to fill out a form with their demographic details, and some information about their counselling history. Following the interview, all participants will be debriefed by the researcher. Should further support be required following the debriefing session, participants will be referred back to the relevant people in their [school/ counselling service].

***Potential disadvantages/ risks to participants***

There are no expected risks for young people who take part in the study. However, some participants may experience some discomfort answering questions about their personal counselling, or inconvenienced at having to give up some of their time to participate in the research. If a participant does experience any discomfort due to participation in this research, they will be able to miss out questions or to withdraw from the study without providing a reason.

***Potential benefits to participants***

There is no direct benefit to taking part in this study, although some people find it useful to reflect on their personal experiences. The information gathered from this research will contribute towards improving our understanding of and the provision of counselling services for young people, hopefully benefitting young people accessing counselling in the future.



***Confidentiality***

All information provided will be kept confidential, and only accessible to members of the research team. All collection, storage and processing of data will comply with the principles of the Data Protection Act 1998, and has been approved under the procedures of the University of Roehampton Ethics Committee. All of the information provided will be stored securely and, where possible, anonymized. Under no circumstances will identifiable responses be provided to any third party. All data included in the publication or presentation of this research, and any subsequent research publications, will be fully anonymised to ensure that no individual is identifiable. Limits to confidentiality will apply in situations where research participants disclose information that they or someone else is at risk of harm. In such situations, it is the ethical obligation of the researcher to follow safeguarding procedures enforced by the service in which the participant is being seen, and where appropriate to disclose information to the appropriate authorities. In such situations, where possible, this will be discussed with participants before a suitable course of action is taken.

***Anonymity and data storage***

All data generated from this study will be stored securely to the highest possible standard of confidentiality. Transcribed data will be anonymised (meaning all identifying information will be removed), to ensure that individuals are not identifiable should the research be published.

Anonymised data generated from this study will be stored for an indefinite period of time following the study, and may be used for publication, presentation, or for subsequent research projects or data analyses. Audio recordings will be destroyed after to ten years, in which time they might be used for other research projects and data analyses (at the discretion of the researcher).

***Dissemination of findings***

The results of this research study will be written up in partial fulfilment of the requirements for the Doctorate in Counselling Psychology from the University of Roehampton. The results of this research may be published in academic journals, or presented at conferences.

***Who is organising the research?***

This research is being undertaken by the Department of Psychology at the University of Roehampton. This project has been approved under the procedures of the University of Roehampton's Ethics Committee.

.....  
***If you would be interested in supporting this research, or if you have any further questions, please contact Shiri Gurvitz (primary investigator):***

**Shiri Gurvitz**

Department of Psychology  
Whitelands College  
Holybourne Avenue  
London  
SW15 4JD

07932 547 100

[gurvitzs@roehampton.ac.uk](mailto:gurvitzs@roehampton.ac.uk)

**Please note:** if you have a concern about any aspect of your participation or any other queries please raise this with the investigator (or if the researcher is a student you can also contact the Director of Studies). However, if you would like to contact an independent party please contact the Head of Department.

**Director of Studies Contact Details:    Head of Department Contact Details:**

**Professor Mick Cooper**

Department of Psychology  
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020 8392 3741

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[d.bray@roehampton.ac.uk](mailto:d.bray@roehampton.ac.uk)

**Appendix 5: Head teacher information sheet*****Information Sheet***

Thank you for reading this information sheet. This document explains why we are doing this research, and sets out what will be involved for [*schools/ counselling services*] who choose to take part. We appreciate you taking the time to read it, and hope you will be interested in providing support for this research.

***The Research Project***

This research aims to explore young peoples' experiences of the therapeutic relationship with their counsellor, focusing more specifically on particular moments or events which they felt were important in their counselling relationship. This research will help us improve our understanding of:

- The moments/ events which young people identify as important in the formation or development of the therapeutic relationship
- Young peoples' experiences of these moments/ events, and of the therapeutic relationship
- Whether these important moments or events have an effect on young peoples' personal therapy and its outcomes
- The factors that contributed to the occurrence of these moments or events.

Developing a better understanding of young peoples' experiences will hopefully help to improve the quality of counselling provision available to young people in the future.

***Research procedure***

This research is looking to interview young people aged 13-15 years old, who are currently receiving (or have recently ended) one-to-one counselling of a relational nature either in a school-based counselling service or in a community-based counselling service. Young people will be invited to attend an interview, which will take place in [*school/ their counselling service*]. During the interview, participants will be asked about their relationship with their counsellor, and asked to reflect on important moments or events in their counselling which had an effect on their counselling relationship.

Interviews will be audio-recorded and transcribed. Afterwards, participants will be debriefed and encouraged to discuss any thoughts and feelings arising from the interview process. The entire interview and debrief should take no longer than an hour and a half, but might be shorter than this.

***School's involvement***

This research will be carried out with minimal disruption to the everyday running of the school. Pastoral care staff will be provided with an age-appropriate information sheet to talk through with young people who meet the following inclusion criteria:

- Aged 13-15
- Currently receiving one-to-one counselling (and have had at least 4 sessions), or who have ended counselling in the last 6 weeks (but had had at least 4 sessions)
- Comfortable with audio-recording, and being interviewed
- Whose parents/guardians already know they are receiving/ have received counselling, and could be asked to provide consent for participation.

Young people known to currently pose a risk of harm (to self or others) will not be eligible to participate in this study.

Interviews will need to be held on the school premises, at a time which is convenient for the school and for young people. Prior to interview, the researcher will need to be briefed in regards to the school's safeguarding procedure and on-site Health and Safety regulations.

***Who will give consent for a child to take part?***

Consent to recruit will first be obtained from [*head teachers/ service managers*]. Young people's participation in this research will be subject to their parent/guardian's consent. Therefore, young people whose parents or guardians do not know they are receiving counselling will not be eligible to participate in this research. Consent will be obtained from the young person prior to the interview.

Data collection will not begin until consent has been obtained from all relevant parties. All consenting parties will have a right to withdraw consent at any stage of the research.

***Interview process and debrief***

Interviews will be held in school. Young people will have another opportunity to discuss the research with the researcher before deciding if they want to participate, and after signing a consent form will be asked to fill out a form with their demographic details, and some information about their counselling history. Afterwards, all participants will be debriefed by the researcher. Should further support be required following the debriefing session, participants will be referred back to the relevant people in the school, as will have been pre-agreed.

***Potential disadvantages/ risks to participants***

There are no expected risks for young people who take part in the study. However, some participants may experience discomfort answering questions about their personal counselling, or feel inconvenienced at having to give up some of their time to participate in the research. If a participant does experience any discomfort due to participation in this research, they will be free not to answer a question, or to withdraw from the study without providing a reason. Withdrawing from the study will not affect their future treatment and care.

***Potential benefits to participants***

There is no direct benefit to taking part in this study, although some people find it useful to reflect on their personal experiences. The information gathered from this research will contribute towards improving our understanding of and the provision of counselling services for young people, hopefully benefitting young people accessing counselling in the future.

***Confidentiality***

All information provided will be kept confidential, and only accessible to members of the research team. All collection, storage and processing of data will comply with the principles of the Data Protection Act 1998, and has been approved under the procedures of the University of Roehampton's Ethics Committee. All of the information provided will be stored securely and, where possible, anonymized. Under no circumstances will identifiable responses be provided to any third party. All data included in the publication or presentation of this research, and any subsequent research publications, will be fully anonymised to ensure that no individual is identifiable. Limits to confidentiality will apply in situations where research participants disclose information that they or someone else is at risk of harm. In such situations, it is the ethical obligation of the researcher to follow safeguarding procedures enforced by the service in which the participant is being seen, and where appropriate to disclose information to the appropriate authorities. In such situations, where possible, this will be discussed with participants before a suitable course of action is taken.

***Anonymity and data storage***

All data generated from this study will be stored securely to the highest possible standard of confidentiality. Transcribed data will be anonymised (meaning all identifying information will be removed) to ensure that individuals are not identifiable in any publications or presentations. Anonymised data will be stored for an indefinite period of time following the study, and may be used for publication, presentation, or for subsequent research projects or data analyses. Audio recordings will be destroyed after ten years, in which time they might be used for other research projects and data analyses (at the discretion of the researcher).

***Dissemination of findings***

The results of this research study will be written up in partial fulfilment of the requirements for the Doctorate in Counselling Psychology from the University of Roehampton. The results of this research may be published in academic journals, presented at conferences or used for teaching purposes.

***Who is organising the research?***

This research is being undertaken by the Department of Psychology at the University of Roehampton. This project has been approved under the procedures of the University of Roehampton's Ethics Committee.

.....  
***If you would be interested in supporting this research, or if you have any further questions, please contact Shiri Gurvitz (primary investigator):***

**Shiri Gurvitz**

Department of Psychology  
Whitelands College  
Holybourne Avenue  
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Phone: 07932 547 100 Email: [gurvitzs@roehampton.ac.uk](mailto:gurvitzs@roehampton.ac.uk)

**Please note:** if you have a concern about any aspect of your participation or any other queries please raise this with the investigator (or if the researcher is a student you can also contact the Director of Studies). However, if you would like to contact an independent party please contact the Head of Department.

**Director of Studies Contact Details:****Professor Mick Cooper**

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**Appendix 6a: Service manager information sheet (original, with relational depth description)*****Information Sheet***

Thank you for reading this information sheet. This document will explain why we are doing this research, and set out what will be involved for counselling services who choose to take part. We appreciate you taking the time to read it, and hope you will be interested in providing support for this research by locating services that are eligible to participate.

***The Research Project***

This research aims to explore young peoples' experiences of the therapeutic relationship with their counsellor, focusing more specifically on particular moments with their counsellor that were significant to them. This research will help us improve our understanding of:

- Young peoples' experiences of deep moments of connection in their therapy
- Whether these moments have an effect on young peoples' personal therapy and its outcomes
- The factors that contributed to the occurrence of these moments.

Developing a better understanding of young peoples' experiences will hopefully help to improve the quality of counselling provision available to young people in the future.

***Research procedure***

This research is looking to interview young people aged 13-15 years old, who are currently receiving (or have recently ended) one-to-one counselling of a relational nature either in a school-based counselling service or in a community-based counselling service. Young people will be invited to attend an interview, which will take place in their counselling service. During the interview, participants will be asked about their experience of counselling, and asked to reflect on the following:

*'Tell me about a time when you felt really close to your counsellor, and could really be yourself with them'*

Interviews will be audio-recorded and transcribed. Following the interview, participants will be debriefed and encouraged to discuss any thoughts and feelings that have arisen from the interview process. The entire interview and debrief should take no longer than an hour and a half, but might be shorter than this.

***Counselling service's involvement***

Services interested in supporting this research will be sent an information sheet outlining the project in greater detail. The relevant staff will be asked to locate young people who meet the inclusion criteria for participation, and introduce the research to them with the help of age-appropriate information sheets which the researcher will provide.



***Who will give consent for a child to take part?***

Consent to recruit will first be obtained from service managers.

Young people's participation in this research will be subject to their parent/guardian's consent. Therefore, young people whose parents or guardians do not know they are receiving counselling will not be eligible to participate in this research. Consent will be obtained from the young person prior to the interview.

Data collection will not begin until consent has been obtained from all relevant parties. All consenting parties will have a right to withdraw consent at any stage of the research.

***Interview process and debrief***

Interviews will be held in the counselling service. Young people will have another opportunity to discuss the research with the researcher before deciding if they want to participate, and after signing a consent form will be asked to fill out a form with their demographic details, and some information about their counselling history. Following the interview, all participants will be debriefed by the researcher. Should further support be required following the debriefing session, participants will be referred back to the relevant contacts in the counselling service

***Potential disadvantages/ risks to participants***

There are no expected risks for young people who take part in the study. However, some participants may experience some discomfort answering questions about their personal counselling, or inconvenienced at having to give up some of their time to participate in the research. If a participant does experience any discomfort due to participation in this research, they will be able to miss out questions or to withdraw from the study without providing a reason.

***Potential benefits to participants***

There is no direct benefit to taking part in this study, although some people find it useful to reflect on their personal experiences. The information gathered from this research will contribute towards improving our understanding of and the provision of counselling services for young people, hopefully benefitting young people accessing counselling in the future.

***Confidentiality***

All information provided will be kept confidential, and only accessible to members of the research team. All collection, storage and processing of data will comply with the principles of the Data Protection Act 1998, and has been approved under the procedures of the University of Roehampton Ethics Committee. All of the information provided will be stored securely and, where possible, anonymized. Under no circumstances will identifiable responses be provided to any third party. All data included in the publication or presentation of this research, and any subsequent research publications, will be fully anonymised to ensure that no individual is identifiable. Limits to confidentiality will apply in situations where research participants disclose information that they or someone else is at risk of harm. In such situations, it is the ethical obligation of the researcher to follow safeguarding procedures enforced by the service in which the participant is being seen, and where



appropriate to disclose information to the appropriate authorities. In such situations, where possible, this will be discussed with participants before a suitable course of action is taken.

***Anonymity and data storage***

All data generated from this study will be stored securely to the highest possible standard of confidentiality. Transcribed data will be anonymised (meaning all identifying information will be removed), to ensure that individuals are not identifiable should the research be published. Anonymised data generated from this study will be stored for an indefinite period of time following the study, and may be used for publication, presentation, or for subsequent research projects or data analyses. Audio recordings will be destroyed after ten years, in which time they might be used for other research projects and data analyses (at the discretion of the researcher).

***Dissemination of findings***

The results of this research study will be written up in partial fulfilment of the requirements for the Doctorate in Counselling Psychology from the University of Roehampton. The results of this research may be published in academic journals, or presented at conferences.

***Who is organising the research?***

This research is being undertaken by the Department of Psychology at the University of Roehampton. This project has been approved under the procedures of the University of Roehampton's Ethics Committee.

.....  
***If you would be interested in supporting this research, or if you have any further questions, please contact Shiri Gurvitz (primary investigator):***

**Shiri Gurvitz**

Department of Psychology  
Whitelands College  
Holybourne Avenue  
London  
SW15 4JD

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[gurvitzs@roehampton.ac.uk](mailto:gurvitzs@roehampton.ac.uk)

**Please note:** if you have a concern about any aspect of your participation or any other queries please raise this with the investigator (or if the researcher is a student you can also contact the Director of Studies). However, if you would like to contact an independent party please contact the Head of Department.

**Director of Studies Contact Details:****Professor Mick Cooper**

Department of Psychology  
Whitelands College  
Holybourne Avenue  
London, SW15 4JD

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**Appendix 6b: Service manager information sheet (amended)*****Information Sheet***

Thank you for taking the time to read this information sheet. This document will explain why we are doing this research, and set out what will be involved for [schools/ counselling services] who choose to take part. We appreciate you taking the time to read it, and hope you will be interested in supporting this research.

***The Research Project***

This research aims to explore young peoples' experiences of the therapeutic relationship with their counsellor, focusing more specifically on particular moments or events which they felt were important in their counselling relationship. This research will help us improve our understanding of:

- The moments/ events which young people identify as important in the formation or development of the therapeutic relationship
- Young peoples' experiences of these moments/ events, and of the therapeutic relationship
- Whether these important moments or events have an effect on young peoples' personal therapy and its outcomes
- The factors that contributed to the occurrence of these moments or events.

Developing a better understanding of young peoples' experiences will hopefully help to improve the quality of counselling provision available to young people in the future.

***Research procedure***

This research is looking to interview young people aged 13-15 years old, who are currently receiving (or have recently ended) one-to-one counselling of a relational nature either in a school-based counselling service or in a community-based counselling service. Young people will be invited to attend an interview, which will take place in [school/ their counselling service]. During the interview, participants will be asked about their relationship with their counsellor, and asked to reflect on important moments or events in their counselling which had an effect on their counselling relationship

Interviews will be audio-recorded and transcribed. Afterwards, participants will be debriefed and encouraged to discuss any thoughts and feelings arising from the interview process. The entire interview and debrief should take no longer than an hour and a half, but might be shorter than this.

***Counselling service's involvement***

This research will be carried out with minimal disruption to the everyday running of the service. Relevant staff members will be provided with an age-appropriate information sheet to talk through with young people who meet the following inclusion criteria:

- Aged 13-15
- Currently receiving one-to-one counselling (and have had at least 4 sessions), or who have ended counselling in the last 6 weeks (but had at least 4 sessions prior to ending)
- Comfortable with audio-recording, and being interviewed
- Whose parents/guardians already know they are receiving/ have received counselling, and could be asked to provide consent for participation.

Young people known to currently pose a risk of harm (to self or others) will not be eligible to participate in this study.

Interviews will need to be held at the service, at a time which is convenient for the service and for young people. Prior to interview, the researcher will need to be briefed in regards to the service's safeguarding procedure and on-site Health and Safety regulations.

***Who will give consent for a child to take part?***

Consent to recruit will first be obtained from service managers.

Young people's participation in this research will be subject to their parent/guardian's consent. Therefore, young people whose parents or guardians do not know they are receiving counselling will not be eligible to participate in this research. Consent will be obtained from the young person prior to the interview.

Data collection will not begin until consent has been obtained from all relevant parties. All consenting parties will have a right to withdraw consent at any stage of the research.

***Interview process and debrief***

Interviews will be held in the counselling service. Young people will have another opportunity to discuss the research with the researcher before deciding if they want to participate, and after signing a consent form will be asked to fill out a form with their demographic details, and some information about their counselling history. Following the interview, all participants will be debriefed by the researcher. Should further support be required following the debriefing session, participants will be referred back to the relevant people in the counselling service, as will have been pre-agreed.

***Potential disadvantages/ risks to participants***

There are no expected risks for young people who take part in the study. However, some participants may experience discomfort at answering questions about their personal counselling, or feel inconvenienced at having to give up some of their time to participate in the research. If a participant does experience any discomfort due to participation in this research, they will have the option to skip questions or to withdraw from the study without providing a reason. Withdrawing from the study will not affect their future treatment and care.

***Potential benefits to participants***

There is no direct benefit to taking part in this study, although some people find it useful to reflect on their personal experiences. The information gathered from this research will contribute towards improving our understanding of and the provision of counselling services for young people, and hopefully benefit young people accessing counselling in the future.

***Confidentiality***

All information provided will be kept confidential, and only accessible to members of the research team. All collection, storage and processing of data will comply with the principles of the Data Protection Act 1998, and has been approved under the procedures of the University of Roehampton's Ethics Committee. All of the information provided will be stored securely and, where possible, anonymized. Under no circumstances will identifiable responses be provided to any third party. All data included in the publication or presentation of this research, and any subsequent research publications, will be fully anonymised to ensure that no individual is identifiable. Limits to confidentiality will apply in situations where research participants disclose information that they or someone else is at risk of harm. In such situations, it is the ethical obligation of the researcher to follow safeguarding procedures enforced by the service in which the participant is being seen, and where appropriate to disclose information to the appropriate authorities. In such situations, where possible, this will be discussed with participants before a suitable course of action is taken.

***Anonymity and data storage***

All data generated from this study will be stored securely to the highest possible standard of confidentiality. Transcribed data will be anonymised (meaning all identifying information will be removed) to ensure that individuals are not identifiable in any publications or presentations. Anonymised data will be stored for an indefinite period of time following the study, and may be used for publication or for subsequent research projects or data analyses. Audio recordings will be destroyed after ten years, in which time they might be used for other research projects and data analyses (at the discretion of the researcher).

***Dissemination of findings***

The results of this research study will be written up in partial fulfilment of the requirements for the Doctorate in Counselling Psychology from the University of Roehampton. The results of this research may be published in academic journals, presented at conferences or used for teaching purposes.

***Who is organising the research?***

This research is being undertaken by the Department of Psychology at the University of Roehampton. This project has been approved under the procedures of the University of Roehampton's Ethics Committee.

.....  
***If you would be interested in supporting this research, or if you have any further questions, please contact Shiri Gurvitz (primary investigator):***

**Shiri Gurvitz**

Department of Psychology  
Whitelands College  
Holybourne Avenue  
London, SW15 4JD    Phone: 07932 547 100    Email: [gurvitzs@roehampton.ac.uk](mailto:gurvitzs@roehampton.ac.uk)

**Please note:** if you have a concern about any aspect of your participation or any other queries please raise this with the investigator (or if the researcher is a student you can also contact the Director of Studies). However, if you would like to contact an independent party please contact the Head of Department.

**Director of Studies Contact Details:**

**Professor Mick Cooper**

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**Head of Department Contact Details:**

**Dr Diane Bray**

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020 8392 3627  
[d.bray@roehampton.ac.uk](mailto:d.bray@roehampton.ac.uk)

**Appendix 7: Consent Form (Head teacher/ Counselling service manager)****CONSENT FORM****Young peoples' experiences of important moments or events in their  
counselling relationship****Consent Statement:**

I have read the information sheet and understand the purpose and procedure of this research. I understand that I may request further details and information should I wish. I agree to take part in this research, and am aware that my participation is entirely voluntary. I understand that I am free to withdraw any young person at any stage in the proceedings and also to withdraw from the project altogether without giving a reason. I agree for interviews with participants to be audio recorded and transcribed by the researcher, and for the material to be used in the preparation of a thesis and accompanying papers and presentations. I understand that audio recordings will be destroyed after ten years, in which time they might be used for other research projects and data analyses (at the discretion of the researcher).

I understand that the information participants provide will be treated in confidence by the investigator, and that participants' identities and the identity of the [*school/ counselling service*] will be removed in the publication or presentation of any findings. I understand that data will be collected and processed in accordance with the Data Protection Act 1998 and with the University of Roehampton's Data Protection Policy.

Name .....

Signature .....

School/ Organisation .....

Date .....

**Please note:** if you have a concern about any aspect of your participation or any other queries please raise this with the investigator (or if the researcher is a student you can also contact the Director of Studies). However, if you would like to contact an independent party please contact the Head of Department.

**Director of Studies Contact Details:    Head of Department Contact Details:**

**Professor Mick Cooper**

Department of Psychology  
Whitelands College  
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**Appendix 8a: Young person (participant) information sheet (original, with relational depth description)*****Information Sheet***

Thanks for reading this information sheet about our study

We would like to invite you to take part in our research project. We are looking to interview between 8-10 young people to find out more about what they think about their counselling, and how their relationship with their counsellor is. We think it's really important that young people have the chance to share their thoughts and feelings about their own counselling, and would love to hear from you!

Before you decide if you want to join in, it is important that you understand why we are doing this research and what we are asking you to do. This is important because it will help you decide if you want to take part. If you have any questions, please feel free to ask.

***Why are we doing this research?***

Over the last few years, more and more children and young people have been going to see a counsellor, either in school or outside of school. Whilst there are some things we know about young people's counselling, there are still lots of things we do not know about it. Research is helpful because it lets us find out more about the things we don't know about, and think of ideas about how to make things better.

We are looking to find out, from you, how you find your counselling and how your relationship with your counsellor is. As well as this, we want to find out whether there were particular moments with your counsellor that stood out for you. Take a moment to think about this:

*Could you tell me about a time when you felt really close to your counsellor, and could really be yourself with them?*

We want to find out if you have ever had moment(s) like this with your counsellor, and what this was like for you. If you have never had moments like this with your counsellor, we also want to hear about this.

***Why have I been asked to take part?***

You have been asked to take part in this study because:

- You are aged 13-15
- You are either seeing a counsellor at the moment, or stopped seeing a counsellor within the last 6 weeks
- You have had at least 4 sessions of counselling

***Do I have to take part?***

No, it's completely up to you. Taking part in this research is voluntary, which means you don't have to take part if you don't want to. If you agree now you can still change your mind later.



***What would I have to do?***

If you decide to take part, you will be invited to meet with Shiri, who will ask you to fill in a short form with some details about yourself. After this, she will ask you some questions about your counselling. You can say as much or as little as you feel comfortable saying. The conversation will be voice recorded, so that we can later type out what was said and use this information when we write reports or give presentations about our findings. At the end, you will have the chance to talk about what the interview was like for you, and to ask any questions you might have.

***Where will this take place?***

Interviews will be held in your counselling service at a time that is good for you. The whole process will take an hour, but may be shorter.

***Consent***

Giving consent means you fully understand what the study is about, and what taking part involves for you. If you agree, and want to join in, you will be given a consent form to sign just before the interview starts.

Before you can provide consent, we need your parent/ guardian to agree for you to be in this study. If you are comfortable with this, you will be asked to take some information on the study and a consent form home for them to sign and return.

***What are the possible disadvantages/ risks of taking part?***

There are not many risks involved. You will have to give up some of your time to take part, and might feel uncomfortable answering some questions about your counselling. If you do feel uncomfortable at any point, you can choose not to answer a question, or to stop the interview. You would not need to give us a reason for leaving the study, and it wouldn't affect any future counselling you receive.

***What are the possible benefits of taking part?***

Some people find it useful to think about what their counselling is like/ has been like, and to talk about it with someone else. By taking part in this study, you will be helping to improve counselling for other young people in the future.

***Will anyone else know what I say?***

What you tell us is confidential, which means that it will not be passed onto anyone else (such as your counsellor, school, family, or friends). However, if you tell us that you or someone else might be at risk of getting hurt, we will have to pass this on so that we can get help and make you safe.

***Will people know it is me?***

When we write up our findings, we will do our best to make sure that no one knows it is you. We do this by removing your name, and any other details that could give away something about you.

***What if there is a problem or something goes wrong?***

If you feel something is wrong, please talk to us about it as soon as possible. This can be before, during, or after the interview. You can also contact the people whose details are at the end of this sheet if you need to. At the end of the interview, we will give you the name of who to contact at your counselling service if you need more time to discuss anything else.

***What will happen to the results of the research study?***

The results of this study will be written up in a report, and might be published. Voice recordings will be destroyed after 10 years, in which time they might be used for other research projects and data analyses (if the researcher gives permission for this).

***Who is organising the research?***

This research is being organised by the Department of Psychology at the University of Roehampton.

***Who has reviewed the research?***

For research to go ahead it needs to get permission from an Ethics Committee, who are there to make sure the study is safe. This project has been approved under the procedures of the University of Roehampton's Ethics Committee, which means it is safe and has a very low risk of causing harm.

***Would you like to take part?***

If you would like to take part, please let your counsellor know, and they will pass this on to the research team who will be in touch with you.

.....  
***If you have any further questions, please contact Shiri Gurvitz (primary investigator) for more details:***

**Shiri Gurvitz**

Department of Psychology  
Whitelands College  
Holybourne Avenue  
London, SW15 4JD      Phone: 07932 547 100      Email: [gurvitzs@roehampton.ac.uk](mailto:gurvitzs@roehampton.ac.uk)

**Please note:** If you are worried about any aspect of this study, or have any other questions please ask Shiri (or the Director of Studies). However, if you would rather talk to someone at the university who isn't directly involved in the research, you can contact the Head of Department:

**Director of Studies Contact Details:**

**Professor Mick Cooper**

Department of Psychology  
Whitelands College  
Holybourne Avenue  
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**Appendix 8b: Young person (participant) information sheet (amended)*****Information Sheet***

Thanks for reading this information sheet about our study

We would like to invite you to take part in our research project. We are looking to interview between 10-12 young people to find out more about what they think about their counselling, and how their relationship with their counsellor is. We think it's really important that young people have the chance to share their thoughts and feelings about their own counselling, and would love to hear from you!

Before you decide if you want to join in, it is important that you understand why we are doing this research and what we are asking you to do. This is important because it will help you decide if you want to take part. If you have any questions, please feel free to ask.

***Why are we doing this research?***

Over the last few years, more and more children and young people have been going to see a counsellor, either in school or outside of school. Whilst there are some things we know about young people's counselling, there are still lots of things we do not know about it. Research is helpful because it lets us find out more about the things we don't know about, and think of ideas about how to make things better.

We are looking to find out, from you, how you find your counselling and how your relationship with your counsellor is. As well as this, we want to find out about important moments or events that you have had with your counsellor what these were like for you, and the effect that they had on your relationship with your counsellor.

***Why have I been asked to take part?***

You have been asked to take part in this study because:

- You are aged 13- 15
- You are either seeing a counsellor at the moment, or stopped seeing a counsellor within the last 6 weeks
- You have had at least 4 sessions of counselling

***Do I have to take part?***

No, it's completely up to you. Taking part in this research is voluntary, which means you don't have to take part if you don't want to. If you agree now you can still change your mind later.

***What would I have to do?***

If you decide to take part, you will be invited to meet with Shiri, who will ask you to fill in a short form with some details about yourself. After this, she will ask you some questions about your counselling. You can say as much or as little as you feel comfortable saying. The conversation will be voice recorded, so that we can later type out what was said and use this information when we write reports or give presentations about our findings.

At the end, you will have the chance to talk about what the interview was like for you, and to ask any questions you might have.

***Where will this take place?***

Interviews will be held in [school/ your counselling service], at a time that is good for you. The whole process will take an hour and a half, but may be shorter.

***Consent***

Giving consent means you fully understand what the study is about, and what taking part involves for you. If you agree, and want to join in, you will be given a consent form to sign just before the interview starts.

Before you can provide consent, we need your parent/ guardian to agree for you to be in this study. If you are comfortable with this, you will be asked to take some information on the study and a consent form home for them to sign and return.

***What are the possible disadvantages/ risks of taking part?***

There are not many risks involved. You will have to give up some of your time to take part, and might feel uncomfortable answering some questions about your counselling. If you do feel uncomfortable at any point, you can choose not to answer a question, or to stop the interview. You would not need to give us a reason for leaving the study, and it wouldn't affect any future counselling you receive.

***What are the possible benefits of taking part?***

Some people find it useful to think about what their counselling is like/ has been like, and to talk about it with someone else. By taking part in this study, you will be helping to improve counselling for other young people in the future.

***Will anyone else know what I say?***

What you tell us is confidential, which means that it will not be passed onto anyone else (such as your counsellor, school, family, or friends). However, if you tell us that you or someone else might be at risk of getting hurt, we will have to pass this on so that we can get help and make you safe.

***Will people know it is me?***

When we write up our findings, we will do our best to make sure that no one knows it is you. We do this by removing your name, and any other details that could give away something about you.

**What if there is a problem or something goes wrong?**

If you feel something is wrong, please talk to us about it as soon as possible. This can be before, during, or after the interview. You can also contact the people whose details are at the end of this sheet if you need to. At the end of the interview, we will give you the name of who to contact in [school/ your counselling service] if you need more time to discuss anything else.

**What will happen to the results of the research study?**

The results of this study will be written up in a report, and might be published. Voice recordings will be destroyed after 10 years, in which time they might be used for other research projects and data analyses (if the researcher gives permission for this).

**Who is organising the research?**

This research is being organised by the Department of Psychology at the University of Roehampton.

**Who has reviewed the research?**

For research to go ahead it needs to get permission from an Ethics Committee, who are there to make sure the study is safe. This project has been approved under the procedures of the University of Roehampton's Ethics Committee, which means it is safe and has a very low risk of causing harm.

**Would you like to take part?**

If you would like to take part, please let

\_\_\_\_\_ know, and they will pass this on to the research team who will be in touch with you.

.....

**If you have any further questions, please contact Shiri Gurvitz (primary investigator) for more details:**

**Shiri Gurvitz**

Department of Psychology

Whitelands College

Holybourne Avenue

London, SW15 4JD Phone: 07932 547 100 Email: [gurvitzs@roehampton.ac.uk](mailto:gurvitzs@roehampton.ac.uk)

**Please note:** If you are worried about any aspect of this study, or have any other questions please ask Shiri (or the Director of Studies). However, if you would rather talk to someone at the university who isn't directly involved in the research, you can contact the Head of Department:

**Director of Studies Contact Details:**

**Professor Mick Cooper**

Department of Psychology  
Whitelands College  
Holybourne Avenue  
London, SW15 4JD

020 8392 3741

[mick.cooper@roehampton.ac.uk](mailto:mick.cooper@roehampton.ac.uk)

**Head of Department Contact Details:**

**Dr Diane Bray**

Department of Psychology  
Whitelands College  
Holybourne Avenue  
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[d.bray@roehampton.ac.uk](mailto:d.bray@roehampton.ac.uk)

**Appendix 9: Young person (participant) consent form**

**CONSENT FORM**

**Young peoples' experiences of important moments or events in their  
counselling relationship**

**Consent Statement** *(Please tick if you agree):*

1.	I have read and understood the Information Sheet about the study	<input type="checkbox"/>
2.	I have had the chance to ask questions about the study, and know what I am being asked to do. I know who I can contact about the study if I need to	<input type="checkbox"/>
3.	I agree to take part in the project. I understand that I am a volunteer.	<input type="checkbox"/>
4.	I understand I can leave the study at any time without giving reasons. I understand that leaving the study will not affect any counselling I receive.	<input type="checkbox"/>
5.	Confidentiality has been explained to me, and I understand that if I say anything that suggests that either I or someone else is at risk of harm, confidentiality might be broken.	<input type="checkbox"/>
6.	I agree that my interview be voice recorded, and typed up.	<input type="checkbox"/>
7.	The use of the data in research, publications, presentations, sharing and storage has been explained to me.	<input type="checkbox"/>
8.	I understand that my identity will be protected in any write ups or articles of this study	<input type="checkbox"/>
9.	I understand that voice recordings will be destroyed after 10 years. I understand that in this time (and with the permission of the researcher), other researchers may be able to use the data if they agree to treat it confidentially	<input type="checkbox"/>
10.	I agree to sign and date this consent form.	<input type="checkbox"/>

Name .....

Signature .....

Date .....

***Investigator contact details***

**Shiri Gurvitz**

Department of Psychology

Whitelands College

Holybourne Avenue

London, SW15 4JD

Phone: 07932 547 100

Email: [gurvitzs@roehampton.ac.uk](mailto:gurvitzs@roehampton.ac.uk)

**Please note:** If you are worried about any aspect of this study, or have any other questions please ask Shiri (or the Director of Studies). However, if you would rather talk to someone at the university who isn't directly involved in the research, you can contact the Head of Department:

**Director of Studies Contact Details:    Head of Department Contact Details:**

**Professor Mick Cooper**

Department of Psychology

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[mick.cooper@roehampton.ac.uk](mailto:mick.cooper@roehampton.ac.uk)

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**Appendix 10: Parent/ guardian information sheet*****Information Sheet***

Thank you for taking the time to read this information sheet.

Your child has been asked to participate in a study exploring young peoples' experiences of the therapeutic relationship with their counsellor, focusing more specifically on particular moments or events which they felt were important in their counselling relationship. Your child's participation in this research will help improve our understanding of what moments/ events young people identify as important in the formation or development of the therapeutic relationship, how they experienced these moments, and what their effect on the counselling relationship is. Developing a better understanding of young peoples' experiences will hopefully help to improve the quality of counselling provision available to young people in the future.

***Does my child have to take part?***

No, participation in this research is voluntary. If your child consents to take part and later changes their mind, they will still be able to leave the study at any point without providing a reason. Withdrawal will not affect the counselling service your child receives (if they are still receiving counselling).

***What is involved in this study?***

This research is looking to interview young people aged 13-15, who are currently receiving (or have recently received and ended) counselling either in a school-based counselling service or in a community-based counselling service. Your child will be invited to attend an interview at a time which suits them, which will take place in [school/ counselling service]. In the interview, they will be asked questions about their counselling experience, and their relationship with their counsellor.

Interviews will be audio-recorded and transcribed. Following the interview, your child will be debriefed and encouraged to discuss any thoughts and feelings arising from the interview process. The entire process should take no longer than an hour and a half, but might be shorter than this.

***Consent***

Consent to participate in this research has already been obtained from the [head teacher of the school/ counselling service manager]. Your child has expressed an interest in participating, subject to your consent.

***What are the possible disadvantages or risks involved taking part?***

There are no expected risks for young people who take part in the study. However, some young people may experience discomfort answering questions about their



personal counselling, or feel inconvenienced at having to give up some of their time to participate in the research. If your child does experience any discomfort due to participation in this research, they will have the option to skip questions or to withdraw from the study without providing a reason.

***What are the possible benefits of taking part?***

There is no direct benefit to your child taking part in this study, although some people find it useful to reflect on their personal experiences. The information gathered from this research will contribute towards improving our understanding of and the provision of counselling services for young people, and will hopefully benefit young people accessing counselling services in the future.

***Confidentiality***

All information provided will be kept confidential, and only accessible to members of the research team. All collection, storage and processing of data will comply with the principles of the Data Protection Act 1998, and has been approved under the procedures of the University of Roehampton's Ethics Committee. All of the information provided will be stored securely and, where possible, anonymized. Under no circumstances will identifiable responses be provided to any third party. All data included in the publication of this research, and any subsequent research publications or presentations, will be fully anonymised to ensure that no individual is identifiable. Limits to confidentiality will apply in situations where research participants disclose information that they or someone else is at risk of harm. In such situations, it is the ethical obligation of the researcher to follow safeguarding procedures enforced by the service in which the participant is being seen, and where appropriate to disclose information to the appropriate authorities. In such situations, where possible, this will be discussed with participants before a suitable course of action is taken.

***Anonymity and data storage***

All data generated from this study will be stored securely to the highest possible standard of confidentiality. Transcribed data will be anonymised (meaning all identifying information will be removed), to ensure that individuals are not identifiable should the research be published.

Anonymised data generated from this study will be stored for an indefinite period of time following the study, and may be used for publication, presentations or for subsequent research projects or data analyses. Audio recordings will be destroyed after ten years, in which time they might be used for other research projects and data analyses (at the discretion of the researcher).

***What will happen to the results of the research study?***

The results of this research study will be written up in partial fulfilment of the requirements for the Doctorate in Counselling Psychology from the University of

Roehampton. The results of this research may be published in academic journals, presented at conferences or used for teaching purposes.

***Who is organising the research?***

This research is being undertaken by the Department of Psychology at the University of Roehampton. This project has been approved under the procedures of the University of Roehampton's Ethics Committee.

***If you have any further questions, please contact Shiri Gurvitz (primary investigator) for more details:***

**Shiri Gurvitz**

Department of Psychology

Whitelands College

Holybourne Avenue

London, SW15 4JD Phone: 07932 547 100 Email: [gurvitzs@roehampton.ac.uk](mailto:gurvitzs@roehampton.ac.uk)

**Please note:** if you have a concern about any aspect of your participation or any other queries please raise this with the investigator (or if the researcher is a student you can also contact the Director of Studies). However, if you would like to contact an independent party please contact the Head of Department.

**Director of Studies Contact Details:**

**Professor Mick Cooper**

Department of Psychology

Whitelands College

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**Head of Department Contact Details:**

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**Appendix 11: Parent/ guardian consent form****CONSENT FORM****Young peoples' experiences of important moments or events in their  
counselling relationship****Consent Statement:**

I have read the information sheet and understand the purpose and procedure of this research. I understand that I may request further details and information should I wish, and have the relevant contact details to do so. I agree to my child taking part in this research, and am aware that my child's participation is entirely voluntary. I understand that my child is free to withdraw from this research at any point without giving a reason, and that I may also withdraw my child from this research at any point without providing a reason. I agree for my child's interview to be audio recorded and transcribed by the researcher, and for the material to be used in the preparation of a thesis and accompanying papers and presentations. I understand that audio recordings will be destroyed after 10 years, in which time they might be used for other research projects and data analyses (at the discretion of the researcher). I understand that the information my child provides will be treated in confidence by the investigator, and that participants' identities will be protected in the publication or presentation of any findings. I understand that data will be collected and processed in accordance with the Data Protection Act 1998 and with the University of Roehampton's Data Protection Policy.

Name (child) .....

Name (parent).....

Signature (parent) .....

Date .....

***Investigator contact details*****Shiri Gurvitz**

Department of Psychology

Whitelands College

Holybourne Avenue

London, SW15 4JD      Phone: 07932 547 100

**Please note:** if you have a concern about any aspect of your participation or any other queries please raise this with the investigator (or if the researcher is a student you can also contact the Director of Studies). However, if you would like to contact an independent party please contact the Head of Department.

**Director of Studies Contact Details:**

**Professor Mick Cooper**

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**Head of Department Contact Details:**

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**Appendix 12a: Participant demographics sheet**

**Demographic form**

Thank you for agreeing to take part in this research.  
Please fill in the following information:

**1) I identify my gender as**

.....

**2) How old are you?**

☐ 13

☐ 14

☐ 15

**3) Which is your ethnic group?**

**A White**

☐ English/Welsh/Scottish/Northern Irish/British

☐ Irish

☐ Gypsy or Irish Traveller

☐ Any other White background, please describe:

.....

**B Mixed/Multiple ethnic groups**

☐ White and Black Caribbean

☐ White and Black African

☐ White and Asian

☐ Any other Mixed/Multiple ethnic background, please describe:

.....

**C Asian/Asian British**

☐ Indian

☐ Pakistani

☐ Bangladeshi

☐ Chinese

☐ Any other Asian background, please describe:

.....

**D Black/ African/Caribbean/Black British**

☐ African

☐ Caribbean

☐ Any other Black/African/Caribbean background, please describe:

.....

**E Other ethnic group**

☐ Arab

☐ Any other ethnic group, please describe:

.....

**Appendix 12b: Participant counselling history form**

**Counselling history**

*(Please answer the following questions about your counselling)*

- 1) How many counselling sessions have you had so far with your current counsellor (or if recently finished, your last counsellor)?

.....

- 2) How did you get referred to counselling? (Self? Teacher? Parent? Other?)

.....

.....

- 2) Have you ever had counselling before?

☐ Yes

☐ No

- 3) If you answered 'yes' to question 2:

How long did you see this counsellor?

.....

.....

**Thank you for completing this form.**

**Appendix 13a: Initial interview guide****Interview Guide**

***[Prompts are italicised]***

**Q1:** What does it feel like for you to be with your counsellor?

- *Do you notice anything emotionally? Physically? Thoughts?*

**Q2:** Can you describe the relationship between yourself and your counsellor, and how it has changed over the time that you've been seeing them?

- *How do you understand these changes to have occurred?*
- *Are there any particular moments that come to mind for you of when something changed in the relationship?*

**Q3:** In the information sheet, you were given the following idea to consider:

***'Could you tell me about a time when you felt really close to your counsellor, and could really be yourself with them?'***

- Can you describe this experience to me, in your own words?
- *Your experience may well be different from this short description*
- *In what ways did it feel different to this description? Are there any similarities?*

**Q4:** How did you experience this moment/ event?

- *During it—Any thoughts? Emotions? Physical sensations?*
- *How did you experience your counsellor during the moment/ event?*
- *How did you experience the relationship between you and your counsellor during the moment/ event?*
- Was it helpful?

**Q5:** Can you tell me anything about what you felt was happening in the session that led up to this moment/ event happening?

**Q6:** Has the experience had an effect on the rest of your counselling and on any other parts of your life?

- *How you see yourself?*
- *Relationships?*

**Q7:** Are there any other aspects of the counselling relationship or this experience that we haven't spoken about today that you would like to tell me about?



**Appendix 13b: (Amended) Interview guide****Interview Guide**

***[Prompts are italicised]***

**Q1: What does it feel like for you to be with your counsellor?**

- *Do you notice anything emotionally? Physically? Thoughts?*
- *Is it what you expected?*

**Q2: How would you describe your relationship with your counsellor?**

- *In what ways has the relationship changed over time?*
- *How did the changes come about?*
- *What effect have they had on the relationship?*

**Q3: Can you tell me about any important moment(s) or event(s) in your relationship with your counsellor?**

- *These can be good or bad*
- *[To help contextualise, if necessary] Perhaps it's helpful to think about moments when something in the relationship with your counsellor changed, moments where you were felt able to go in a new direction with your counsellor, moments which felt close, or when you felt you could really be yourself*
- *What made the moment(s)/event(s) important?*

**Q4: How did you experience this important moment(s)/ event(s)?**

- *During it—Any thoughts? Emotions? Physical sensations?*
- *How did you experience your counsellor during the moment/ event?*
- *How did you experience the relationship between you during the moment/ event?*

**Q5: What impact did the important moment(s)/ event(s) you described have on your relationship with your counsellor?**

- *These can be good/ bad*
- *Has the moment/ event helped to form a positive relationship between you?*

- *Has the moment/ event helped to strengthen the relationship?*
- *Has the moment/ event weakened or undermined the relationship?*

**Q6: Can you tell me anything about what you felt was happening in the lead up to this important moment/ event happening?**

- *In the session?*
- *Outside of the session?*

**Q7: Can you tell me about any effect(s) that this important moment/event had on the rest of your counselling, and on any other parts of your life?**

- *How you see yourself?*
- *Relationships?*

**Q8: Are there any other aspects of the counselling relationship or this experience that we haven't spoken about today that you would like to tell me about?**

**Appendix 14: Debrief form****Debrief**

Thank you for taking part today!

***The purpose of this research***

Our aim in talking to you today was to find out more about your experiences of counselling, and your relationship with your counsellor. More specifically, we wanted to find out about important moments or events in your relationship with your counsellor, and how you experienced them.

The reason for doing this research was to improve our understanding of what counselling is actually like for young people, and whether some of the helpful aspects that adults have highlighted are also relevant to young people. We also wanted to get a better understanding of how you understood these important moments or events to occur, and what they were like.

***Post-interview debrief***

Sometimes during an interview, people get thoughts, feelings, concerns, or questions that they want to talk about.

It's important that you have the chance to reflect on the interview, and to take a moment to consider whether there is anything you want to talk about. The following questions might help you to do this:

- How do you feel having completed the interview?
- How did it feel to be interviewed?
- Has the interview brought any thoughts or feelings up for you?
- Do you have any questions or concerns about the interview process, or about what happens next?
- Do you think there were any questions I should have asked that I didn't?
- Do you have any other ideas about how to make the interview better?
- Is there anything else you would like to share at this point?

Thank you for your contribution to this research, and I hope you enjoyed taking part.

If you think of any questions you would like to ask once I have gone, or if you need further support, then you can ask to speak to [*insert relevant staff member*] or contact me:

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questions please ask Shiri (or the Director of Studies). However, if you would rather talk to someone at the university who isn't directly involved in the research, you can contact the Head of Department:

**Director of Studies Contact Details:    Head of Department Contact Details:**

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## Appendix 15: Transcript extract (Participant 1)

Coding	Line no.	Transcript
A new relationship	27	Um, I've just started recently with my new
Acclimatisation period (always happens)	28	counsellor but, at first it takes me a while to like, get
Self-monitoring if she will disclose	29	used to them and be able to know if I-like- if I'm
Gauging personal readiness	30	ready to... speak about certain things but, um, I got
Getting on with counsellor	31	on really well with my counsellor easily and I clicked
<b>Memo: Connection based on liking?</b>	32	with her
	33	Is that this one that you're seeing now?
Gravitas/ magnitude of topics	34	Yeah. So I've talked about some, like, really big
Getting to "big things" helpful	35	things for me with her. So, she's been very helpful
	36	And you said that there's kind of this period where,
	37	um, where like you're not sure or it kind of takes you
	38	a while, can you tell me more about that?
Developing trust is a process	39	Um, it takes me a while to trust people and I have to

Opening up is a result of trust	40	like... it takes me a while to open up... to people and
Trust built	41	it's just getting... having to build that trust and...
Counsellor as new "person" (not just role)	42	making that relationship, cos if it's like—you're
	43	getting a new person so you're not gonna
	44	automatically feel-necessary, comfortable straight
<b>Memo: 'Building' trust- active? Who builds it?</b>	45	away and I think for me trust is a big thing to build
Trust precedes opening up	46	up before I can actually open up about anything
	47	Yeah. And was there a moment you could identify,
	48	um, either with this counsellor or another
	49	counsellor, where there seemed to be some sort of,
	50	um, important change in the relationship, or where
	51	you began to start trusting her? Did anything
		happen?
Process of disclosing is significant	52	I think it was probably when I started to talk about,
Difficult topic signals significant change in relationship	53	um, my father, because that's quite a difficult conv-
Bringing up the topic significant	54	topic for me but um... when I start—even though

Active processing/ collaboration  Disclosure provides opportunity to gauge counsellor  Expectation of judgement  Opening herself up to judgement/being vulnerable significant  Opening up indicates trust  Opening up as platform to gauge counsellor/ see as different  Counsellor's presence alongside  Advice/ new perspective	55	that's a hard topic for me to talk about we've been
	56	working on it, and I think that's when I knew I could
	57	trust her cos it was like... It's not—I always feel
	58	there's someone- not necessarily like- I always just
	59	feel it's the topic that people are going to judge me
	60	cos the past with it, so it's like, for me to be able to
	61	open up about that it's a big thing for me, so that
	62	was when I knew I could trust them cos I didn't feel I
	63	was being judged or she was passing any opinion or
	64	anything. She was there for me, and giving me
	65	advice on how to deal with the situation
	66	Mm. And what do you think, for you, allowed you to
	67	go there, to that place?
Counsellor elicits openness (disclosure)	68	She always just made me feel like... I could say
<b>Memo: disclosure is significant, and co-constructed</b>	69	anything, like, I wanted to, and I could just open up
Expectation of no judgement ( <b>Memo: BUT testing- paradox?</b> )	70	there wasn't going to be no judgement passed or

Trusts counsellor to hold disclosure	71	anything like that so it's just like, I could trust her to
<b>(Memo: being judged precludes help? From whose perspective)</b>	72	tell that type of thing, and that she would give me
Counsellor trying her best/ wanting to help	73	the best advice that she could give me to help with
	74	that situation
	75	Right. So judgement kind of comes up quite strongly
	76	and not feeling that the person you're telling is going
	77	to judge you [P nods] Mm. And when do you think
	78	you realised that she wasn't judgemental, she
	79	wasn't judging you?
Gradual dawning of not being judged	80	I think... It took me a couple of weeks but then it was
Testing through building up gravitas	81	just like, aft... it was just like, I started with like little
Starting small, progressing to bigger topics	82	things to talk about, and then it was like, as I got
Monitoring for change in expression	83	onto the bigger things it was just like, nothing about
Attuned to counsellor's facial expressions	84	like, anyth—like, it wasn't like she made any facial
Non-agreement perceived as negative <b>(Memo: giving space)</b>	85	expressions or anything to say like, uuum, don't,
<b>Memo: What does not agreeing relate to, and communicate?</b>	86	like, don't agree with that or anything so she was,



<b>Giving space?)</b>  Counsellor maintaining non-judgemental attitude Counsellor open to receive	87	um... she just didn't—it sounds weird cos I'm
	88	technically using why to explain it but, she didn't
	89	pass judgement on me about anything, she was just
	90	open

## Appendix 16: Transcript extract (Participant 7)

Coding	Line no.	Transcript
A place that is different	9	– Yeah, yeah, for me it's quite different cos I don't
A release/ letting go	10	really get to release those emotions in, a sort of
	11	civilised manner, anywhere else
	12	Mm, what do you mean civilised?
Socially acceptable release	13	I mean, not getting into fights or anything so I mean
Alternative catharsis	14	I get to- I get to, like release these emotions in a
Creative/ generates something helpful	15	way, that is more productive
	16	OK, so it's like you express yourself in a different
	17	way which you see as more productive
Different ways of expressing emotions	18	Yeah, yeah, um, yeah, other than, cos I do sports as
Catharsis	19	well that's another way of me releasing those
	20	emotions, but, uh, yeah, this is a way I get to, get
Personal benefit/ acquires something	21	something out in, yeah, a more productive way
	22	OK. And when you say more productive, um, what

	23	do you mean by more productive?
Gains personal insight	24	Um, I mean I get to learn more stuff about myself
Interaction brings something new	25	because I get to, I get to hear it from- and people- I
Different perspective	26	get to hear it from other people and, like, they know
Feeling understood	27	what I'm talking about, if you understand what I'm
Gaining self-awareness	28	saying. So by productive I mean I learn more about
	29	myself
	30	OK. And when you say "they"?
	31	Uh, yeah, my counsellor
	32	Your counsellor
	33	Yeah, yeah my counsellor
	34	OK. Um... so she- so she gives you, um, she gives you
	35	information or she reflects something back to you?
	36	Is that...?
Seeking counsellor's opinion	37	Yeah, yeah, if-if like I ask her, like, how does that
Hearing it back from another	38	sound then, like, she'll reflect it back to me

	39 40 41	OK. And is that something, um, that you ask for or is that something that happens? How does- does that come about?
Initiates/ seeks alternative perspective  Counsellor initiates reflection	42 43 44	I ask for it. Yeah, I ask for it. And sometimes, she reflects it back to me because sometimes it sounds a little bit... off
	45	What do you mean?
Refining meaning  Help expressing/ clarifying  Learning a new form of expression  Acclimatising to speaking   Cathartic release	46 47 48 49 50 51	I mean like, sometimes it doesn't sound right because I'm not, I'm not very good at releasing— like, saying things, because I'm more hands on type of person but I've gotten better, since talking to, since talking to my counsellor I've gotten better at getting it out
	52 53 54	Right, so speaking, talking about things or getting things out in this way doesn't—didn't necessarily come so easily for you?

Developing ability to talk	55	No it-no it didn't really come naturally, but I had-I
	56	had a basis of-of-of how I could get it out
	57	So would you say that um... Actually, how-how
	58	would you- how do you see that process to have
	59	come about that, from the beginning, when maybe
	60	it wasn't so easy for you, to- to now, how, how do
	61	you think that's come about for you?
Familiarisation process	62	Um... I dunno, I've just really gotten used to it, like,
Getting used to <u>having</u> a space	63	I've gotten used to being able to have a space
Getting used to <u>having</u> a person to talk to	64	where—and, a person, that I can, like, talk to and I
Setting the pace	65	can take my time and, get the words out

**Appendix 17: Data Storage and Protection Procedures**

**CENTRE FOR RESEARCH IN SOCIAL AND PSYCHOLOGICAL TRANSFORMATION (CREST)  
DEPARTMENT OF PSYCHOLOGY**

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## **DATA STORAGE AND PROTECTION PROCEDURES**

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### **SOURCES**

These procedures are informed by, and consistent with, the following sources:

- Roehampton *University Data Protection Policy*, University of Roehampton, May 2010 (revised).
- *Ethical Guidelines for Researching Counselling and Psychotherapy*, British Association of Counselling and Psychotherapy, 2004.
- *Encrypting Confidential Data using Windows XP*, Counselling and Psychotherapy Research Guidelines, Counselling Unit, University of Strathclyde (available via Google Group).
- *Ethical Principles for Conducting Research with Human Participants*, British Psychological Society (accessed Sept. 2008).
- Personal communications with Ralph Weedon, Data Protection Officer, University of Strathclyde

### **RESPONSIBILITIES**

- The Chief Investigator has overall responsibility to ensure that the appropriate data storage and protection guidelines are followed.

### **NON-ANONYMISED/PERSONAL DATA**

- Non-anonymised (or 'personal') data refers to any form of documentation or media – electronic or otherwise – in which an individual is identifiable. This includes, but is not limited to:
  - signed consent forms
  - client identity forms (including DOB, GP details, gender etc)
  - video recordings

Note: even if no name or other obvious data is involved that would identify an individual, data such as date of birth, student matriculation number, national insurance number can be 'triangulated', perhaps with other data a third party has acquired, in such a way as to effectively identify someone. Anything that can be used in this way is therefore to be considered personal data.

- Collection of non-anonymised data will be kept to a minimum, and will only be obtained where it is ethically necessary (as in the case of signed consent forms), or where it clearly adds to the scientific value of a project (for instance, the video recording of counselling sessions).
- Non-anonymised data will be kept for ten years.
- All non-anonymised data will be clearly labelled with a date at which it should be destroyed.
- Non-anonymised data will be destroyed in a way which ensures that the data cannot be recovered in any way.
- Non-anonymised data will be kept physically and/or electronically separate from related anonymised data so that links can not be made between the two sets of data.

- Non-electronic personal data, such as tape recordings and signed consent forms, should be kept in a locked and secure location at all times, and, wherever possible, at the University of Roehampton.
- Electronic personal data will be encrypted and should always be kept on a password protected storage device: wherever possible a PC or network drive located at the University of Roehampton.
- Personal data should not be kept on – or transferred to – laptops, USB sticks, CDs or other mobile/portable devices unless absolutely necessary. As soon as such data is transferred to a secure University location, it must be removed from the portable device such that it cannot be recovered in any way.
- *Should it be necessary to transfer personal data from person to person, this should be done in a secure manner (i.e., by hand or by recorded delivery), always separate from any anonymised data. Any posted materials should be marked 'private and confidential' and sent recorded delivery.*
- For the duration of a study, non-anonymised data may, if absolutely necessary, be stored (in the manner identified above) by investigators other than the Chief Investigator (for instance, where a student is analysing video tapes of counselling sessions). However, on completion of the write-up of the research, all non-anonymised data will be returned to the Chief Investigator for storage, and any copies destroyed.

#### **ANONYMISED DATA**

- Anonymised data refers to any form of documentation or media – electronic or otherwise – in which an individual is in no way identifiable. This includes, but is not limited to:
  - SPSS spreadsheets in which identifying characteristics (such as age) are not recorded
  - completed questionnaires: qualitative or quantitative
- Anonymised data may be kept for an unlimited period, and may be used for subsequent research projects and data analyses at the discretion of the Chief Investigator (provided that this is made explicit to participants in consent forms).
- Non-electronic anonymised data will be kept in a locked and secure location at all times, ideally at the University of Roehampton.
- Electronic anonymised data may be stored electronically. This should always be to the highest possible standard of confidentiality: for instance, storage in an encrypted folder. It may also be kept on a password protected storage device, ideally at the University of Roehampton and, wherever possible, will be encrypted. Transfer and storage on portable/mobile devices (such as USB pens) should be kept to a minimum.
- Transfer of anonymised data should be conducted to the highest standards of confidentiality, always separate from any non-anonymised data. Any posted materials should be marked 'private and confidential.' If anonymised data is transferred via email, it should be transferred by the receiver to an encrypted portion of a hard disk as soon as possible, and both sender and receiver should hard delete the email/attachments from their email server.
- For the duration of a study, anonymised data may be stored (in the manner identified above) by investigators other than the Chief Investigator. However, on completion of the write-up of the research, all anonymised data will be returned to the Chief Investigator for storage, and any copies destroyed.

#### **PARTIALLY ANONYMISED DATA (ALSO KNOWN AS PSEUDO-ANONYMISED DATA)**

- This section refers to any form of documentation or media – electronic or otherwise – in which it is highly unlikely that research participants can be identified, but in which the possibility of triangulation exists. This may include, but is not limited to:

- audio recordings

Note, if such media includes clearly identifying content (for instance, an interviewee reveals their name or that of their husband on an audio recording), then it will be treated as non-anonymised data until those identifying characteristics are removed.

- Wherever possible, partially anonymised (and non-anonymised) data should be scrutinised and all identifying details should be deleted/erased (for instance, identifying features on transcripts, such as names of partners, should be deleted or blacked out).
- Where all identifying details of partially anonymised data have been deleted/erased, this data will be treated as anonymised data, and subjected to the same procedures as above.
- In instances where partially anonymised data can not be fully anonymised (for instance, audio recordings in which the participant may be identifiable from their voice), this data will be kept for ten years, and will be stored according to the protocols for non-anonymised data.
- Within this ten year period, partially anonymised data may be used for subsequent research projects and data analyses at the discretion of the Chief Investigator (provided that this is made explicit to participants in consent forms).

### **THE EIGHT GENERAL PRINCIPLES OF THE DATA PROTECTION ACT, 1998**

- Personal data shall be processed fairly and lawfully (with specific requirements regarding sensitive personal data).
- Personal data shall be obtained only for one or more specified and lawful purposes, and shall not be further processed in any manner incompatible with that purpose or those purposes.
- Personal data shall be adequate, relevant and not excessive in relation to the purpose or purposes for which they are processed.
- Personal data shall be accurate and, where necessary, kept up to date.
- Personal data processed for any purpose or purposes shall not be kept for longer than is necessary for that purpose or those purposes.
- Personal data shall be processed in accordance with the rights of data subjects.
- Appropriate technical and organisational measures shall be taken against unauthorised or unlawful processing of personal data and against loss or destruction of, or damage to, personal data.
- Personal data shall not be transferred to a country or territory outside the European Economic Area, unless that country or territory ensures an adequate level of protection for the rights and freedoms of data subjects in relation to the processing of personal data.



## Appendix 18: Competences for humanistic counselling with young people (11-18 years) (Hill, Roth & Cooper, 2013)

